LANCASHIRE COUNTY COUNCIL.

EDUCATION COMMITTEE.

FORTY-FOURTH

ANNUAL REPORT

OF THE

County Medical Officer of Health

AND

School Medical Officer

FOR THE

YEAR ENDED 31st DECEMBER, 1952.

PRESTON:
PRINTED BY T. SNAPE & CO., LTD., BOLTON'S COURT.
1954.

Dr. Pirie

See Page 16 - Minor Ailments -

I am very interested in this.
It is what I have always
thought should be the
proper development of M.H.
work. I would of course
include a Social Worker in
the team.
Can't we give a stronger
lead in London?

J.C.P.

12/7/54

I,.....

approved by the Board of Education, c
reason of physical defect, incapable of rec
ordinary public elementary school, but i
a
receiving benefit from instruction in a spec
Act, 1921.

Signed .....

Qualification as medical practitione

Date.....

2000—(O.19850—21)—12.8.37—1577

LANCASHIRE COUNTY COUNCIL.

EDUCATION COMMITTEE.

FORTY-FOURTH

ANNUAL REPORT

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SCHOOL HEALTH SUB-COMMITTEE (1952).

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THE VICE-CHAIRMAN OF THE EDUCATION COMMITTEE—

Sir Henry Hancock, C.A., J.P.

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J. Prestwich, Esq.
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J. C. Platt, Esq., M.Sc.
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Rev. Canon W. Rowe, M.A.
Mrs. O. A. Williams, M.A.

CHIEF EDUCATION OFFICER—

A. L. Binns, Esq., C.B.E., M.C., M.A., B.Sc.

MEDICAL STAFF.

(Jointly with Health and Welfare Services.)

County Medical Officer of Health and School Medical Officer.

S. C. Gawne, M.D., B.S., M.R.C.S., L.R.C.P., D.C.H., D.P.H., Barrister-at-Law.

Deputy County Medical Officer of Health and School Medical Officer.

T. S. Hall, M.B.E., T.D., B.Sc., M.D., B.Ch., B.A.O., D.R.C.O.G., D.P.H.

Chief Assistant County Medical Officers.

R. W. Eldridge, B.Sc., M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H., D.P.A.
T. S. Jones, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

Chief School Dental Officer.

L. B. Corner, L.D.S., R.C.S. (Edin.). (Appointed 5/3/52.)

Superintendent School Nurse and Health Visitor.

Miss Evelyn Robinson.

Assistant Superintendent School Nurses and Health Visitors.

Mrs. A. H. Crawshaw. (Retired 5/2/52.)
Miss M. Edwards. (Appointed 14/7/52.)
Miss T. F. Melsher.
Miss K. Perryer. (Appointed 10/9/52.)
Miss C. E. Sherman.

Divisional School Medical Officers.

F. W. Bunting, M.B.E., M.D., Ch.B., D.P.H.
A. C. Crawford, T.D., M.B., Ch.B., D.P.H., D.T.M.
A. Dodd, M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H.
R. W. Farquhar, B.Sc., M.B., Ch.B., D.P.H.
J. G. Hailwood, M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H.
T. P. O'Grady, M.B., B.Ch., B.A.O., D.P.H. (Appointed 1/7/52.)
G. H. Potter, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.
R. E. Robinson, M.A., M.R.C.S., L.R.C.P., D.P.H.
T. P. Sewell, M.D., Ch.B., D.P.H.
A. S. Simpson, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.
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E. Taylor, M.B., Ch.B., D.P.H.
J. A. Tomb, M.B., Ch.B., D.P.H. (Retired 30/6/52.)
C. H. T. Wade, B.Sc., M.D., Ch.B., D.P.H.
E. H. Walker, M.B., Ch.B. D.P.H.
J. Walker, M.B., Ch.B., D.P.H., L.D.S., D.P.D.
R. C. Webster, B.Sc., M.D., B.Ch., B.A.O., D.C.H., D.P.H.
J. L. Wild, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.H.

Assistant School Medical Officers.

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Constance Atkinson, M.B., Ch.B., D.P.H.
Beryl A. Barlow, M.B., Ch.B., D.P.H.

K. Bayatti, L.R.C.P., L.R.C.S., L.R.F.P.S. (Resigned 30/8/52.)
Evelyn F. Bebbington, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.
Helen G. M. Bennett, M.B., Ch.B., D.P.H.
J. Brooks, M.R.C.S., L.R.C.P., D.P.H.
N. Broughton, M.B., Ch.B.
P. V. Cant, M.B., Ch.B.
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Julia M. D. Corrigan, M.B., B.Ch., B.A.O., D.P.H.
J. L. Cotton, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H. (Appointed 21/7/52.)
Elsie M. Dakin, M.B., Ch.B. (Resigned 31/7/52.)
Marjorie T. Dare, M.B., Ch.B.
*R. S. Davidson, M.R.C.S., L.R.C.P., D.P.H.
J. N. Dobson, M.B., Ch.B., D.P.H.
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Mary Evans, M.B., Ch.B., D.P.H.
Margaret A. Feeny, M.B., Ch.B., B.A.O., D.P.H.
Maud M. Frankland, M.R.C.S., L.R.C.P., D.R.C.O.G.
G. Fyfe, M.B., Ch.B., D.P.H. (Appointed 1/9/52.)
Isobel M. Fyfe, M.B., Ch.B., D.P.H. (Appointed 1/9/52.)
D. H. Gawith, M.R.C.S., L.R.C.P., D.P.H. (Appointed 1/7/52.)
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R. C. Gubbins, M.B., Ch.B., D.P.H. (Resigned 31/12/52.)
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G. G. W. Hay, M.B., Ch.B.
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Irene E. Howorth, B.Sc., M.B., Ch.B., D.R.C.O.G., D.C.H.
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R. E. Jones, M.B., Ch.B. (Appointed 6/10/52.)
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Barbara M. Knight, M.B., Ch.B., D.P.H.
Hilda M. Levis, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.
E. A. Lumley, C.B.E., M.C., B.A., M.D., Ch.B., B.A.O., D.P.H., D.T.M. & H. (Resigned 6/2/52.)
*W. F. Lyle, B.Sc., M.D., B.Ch., B.A.O., D.P.H.
Ella MacDonald, M.B., Ch.B., D.P.H. (Appointed 31/12/52.)
J. F. McGovern, M.B., B.Ch., B.A.O., M.Ch., D.P.H. (Appointed 1/9/52.)
D. K. MacTaggart, M.A., M.B., Ch.B., D.P.H. (Appointed 6/8/52.)
June M. MacTaggart, M.B., Ch.B., D.P.H. (Appointed 5/8/52.)
Susan H. Montgomery, M.B., Ch.B.
T. P. O'Grady, M.B., B.Ch., B.A.O., D.P.H. (Until 30/6/52.)
Alexandrina M. M. Parker, M.B., Ch.B., L.R.C.P. & S., D.P.H., D.T.M. & H.
J. Patterson, M.B., B.Ch., B.A.O., D.P.H.
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Roberta T. Rankin, M.B., Ch.B., D.P.H.
Elspeth M. Richardson, M.B., Ch.B. (Appointed 1/1/52.)
*C. Royle, M.B., Ch.B., D.C.H.
H. W. Rutherford, M.B., Ch.B., D.P.H. (Resigned 30/9/52.)
B. F. X. Scallan, B.Sc., M.B., B.Ch., B.A.O., D.P.H., T.D.D. (Resigned 31/12/52.)
H. G. Seed, M.B., Ch.B. (Appointed 15/9/52.)
Fanny Stang, M.D., L.R.C.P., L.R.C.S.
G. A. Steele, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.
Mary Townend, M.B., Ch.B., D.P.H.
*A. E. Wall, M.B., Ch.B., D.P.H.
Cecilia F. G. Wild, M.B., Ch.B.
C. R. Wilson, M.B., Ch.B., D.P.H.

*Part-time.

School Dental Officers.

(*Whole-time*).

R. Ackers, L.D.S.
H. J. Appleyard, L.R.C.P.S., L.R.F.P.S., L.D.S.
T. N. Ashall, L.D.S.
T. A. M. Ashman, L.D.S.
Joan M. Bullough, L.D.S.
Margaret E. Caldwell, L.D.S.
R. V. Clarke, L.R.C.P.S., L.D.S. (Appointed 1/4/52.)
G. H. Craine, B.D.S.
E. Crosbie, L.D.S.
F. J. W. Dewhurst, L.D.S.
G. Entwisle, L.D.S. (Appointed 5/5/52.)
A. P. Finlay, L.D.S.
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J. F. Higson, B.D.S. (Appointed 1/10/52.)
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L. A. Jones, L.D.S.
Annie M. Kean, L.D.S.
Annelore I. Kurer, B.D.S. (Appointed 1/9/52.)
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T. G. Lloyd, L.D.S.
Constance Marsden, L.D.S.
E. V. Pollitt, L.D.S.
A. W. Poole, L.D.S. (Appointed 1/4/52.)
B. H. Reid, L.D.S.
G. C. Royley, L.D.S.
A. E. Shaw, B.D.S. (Appointed 1/10/52.)
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I. D. J. Smith, L.D.S.
L. E. Stirzaker, L.D.S.
A. D. Torry, L.D.S. (Resigned 30/11/52.)
H. V. O. Trenbath, L.D.S.
A. C. Walker, L.D.S.
T. H. Wignall, L.D.S.
L. C. Winstanley, L.D.S.
Bertha D. Worswick, B.D.S.

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A. E. Butler, L.D.S.
Frances I. Cavanagh, L.D.S. (Resigned 18/12/52.)
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R. Hawksworth, L.D.S.
Beryl Levy, L.D.S. (Appointed 30/6/52.)
L. Mason, L.D.S.
J. Midgley, L.D.S. (Deceased 30/3/52.)
Maggie Robinson, L.D.S. (Appointed 1/9/52.)
J. W. Sidebottom, L.D.S.
J. Smith, L.D.S.
C. K. Taylor, L.D.S. (Appointed 21/1/52.) (Resigned 31/8/52.)
A. D. Torry, L.D.S. (Appointed 1/12/52.)
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J. Berkson, M.B., Ch.B., D.O.M.S., D.A.
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H. C. Kodilinye, M.B., Ch.B., D.O.M.S., D.O.
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J. Matthews, M.R.C.S., L.R.C.P., D.P.H.
E. J. Mitchell, M.B., Ch.B.
J. M. Morrison, M.B., Ch.B.
D. Plum, M.R.C.S., L.R.C.P., D.T.M., D.O.M.S.
Dorothy Purser-Smith, M.B., Ch.B.
G. A. Renwick, Ch.M., M.B.
R. S. Ritson, M.A., M.B., Ch.B.
H. B. Smith, M.Ch., M.B., B.Ch., B.A.O., D.O.M.S.
S. B. Smith, M.R.C.S., L.R.C.P., D.O.M.S.
W. Sykes, L.R.C.P., L.R.C.S., L.R.F.P.S.
H. V. White, M.C., M.D., Ch.B., L.M.S.S.A.

Aural Surgeons.

(*Part-time*).

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J. Evans, M.A., M.D., B.Ch., M.R.C.S., L.R.C.P., F.R.C.S. (Edin.).
M. J. Maxwell, M.B., Ch.B., F.R.C.S. (Edin.).
G. G. Mowat, B.A., M.B., B.S., M.R.C.S., L.R.C.P., F.R.C.S. (Edin.).
R. H. Smith, M.R.C.S., L.R.C.P., F.R.C.S. (Edin.), D.L.O.
A. J. Stout, M.B., Ch.B., F.R.C.S. (Edin.).
R. V. Tracy-Forster, M.B., Ch.B., D.L.O.
J. M. Wishart, M.B., Ch.B., F.R.C.S. (Edin.).

Consultant Orthopaedic Surgeon.

(*Part-time*).

Professor Sir Harry Platt, M.S., M.D., F.R.C.S., F.A.C.S.

Orthopaedic Surgeons.

(*Part-time*).

R. W. Agnew, M.B., Ch.B., M.Ch. (Orth.), F.R.C.S.
H. G. A. Almond, M.B., Ch.B., M.R.C.S., L.R.C.P.
Jean T. W. Bucknell, M.B., Ch.B.
C. H. Cullen, M.B., Ch.B., B.A.O., M.Ch. (Orth.), F.R.C.S.
R. S. Garden, M.B., Ch.B., M.Ch. (Orth.), F.R.C.S.
A. P. Gracie, M.B., Ch.B., F.R.C.S.
Marguerite F. Johnstone, M.B., Ch.B.
I. D. Kitchin, M.B., Ch.B., F.R.C.S. (Edin.).
W. Lamont, M.B., Ch.B., M.Ch. (Orth.), F.R.C.S.
S. M. Milner, M.A., M.B., B.Ch., F.R.C.S., M.R.C.S., L.R.C.P.
C. Murray-Dransfield, M.R.C.S., L.R.C.P., F.R.C.S.
G. V. Osborne, M.B., Ch.B., M.Ch. (Orth.), F.R.C.S. (Edin.).
A. Ronald, M.D., Ch.B., F.R.C.S.
E. Strach, M.D., F.R.C.S.

Cardiologist.

(*Part-time*).

A. L. McAdam, M.D., Ch.B.

Psychiatrists.

(*Part-time*).

Anaple F. M. Christie, M.B., B.S., M.R.C.S., L.R.C.P.
Maria Dale, M.D.
Wilhelmina L. Devlin, M.B., Ch.B., D.P.M., D.P.H.
E. Gostynski, M.D., L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.M.

Speech Therapists.

(*Whole-time*).

Mrs. G. Arkle. (Appointed 5/8/52.)
Mrs. B. M. Ashdown. (Appointed 27/10/52.)
Miss M. Beedham. (Appointed 8/9/52.)
Miss P. M. Davies. (Appointed 8/9/52.)
Miss J. Matthews.
Miss C. Ordman. (Appointed 1/5/52.)
Miss A. E. M. Paull
Miss V. M. R. Shiell.

(*Part-time*).

Mrs. J. Corcoran (Resigned 31/1/52.)
Miss D. Whatford-Neesham.

Orthoptists.

(*Whole-time*).

Miss E. T. Brown. (Resigned 31/5/52.)
Miss P. T. Dalby

(*Part-time*).

Miss J. Allanson.
Mrs. M. Macauley.
Miss S. Sutcliffe. (Appointed 1/5/52.)

Itinerant Teachers of the Deaf.

J. J. Finigan. (Appointed 1/2/52.)
Miss H. G. Johnson.
E. R. Wall.

Educational Psychologists.

(*Whole-time*).

Miss I. H. Bassom. (Appointed 1/10/52.)
Mrs. M. Eysymont, M.A.
Miss E. J. Horn, M.A.

(*Part-time*).

Miss I. H. Bassom. (Until 30/9/52.)
Miss O. E. Peake.

Psychiatric Social Workers.

Mrs. W. H. Cottrill.
Miss S. Pennington.
Miss M. Pugh.

Orthopaedic Physiotherapists.

(*Whole-time*).

Miss S. Brown.
Mrs. M. Garrett. (Appointed 22/5/52.)
Miss M. Graham. (Resigned 30/4/52.)
Miss B. Huxtable.
Miss E. M. Smith.
Miss E. M. L. Tilley. (Resigned 31/8/52.)

(*Part-time*).

Mrs. M. Horrocks.
Mrs. H. Jordan.
Miss E. G. Lee
Mrs. P. Rothwell.
Mrs. E. Wade.

Chiropodist.

(*Part-time*).

Mrs. E. Hargraves.

School Nurses and Health Visitors.

Miss I. Ackroyd.
Miss I. Alderson. (Resigned 20/1/52.)
Miss J. Andrew.
Miss K. Armstrong.
Mrs. A. Ashley.
Miss M. L. Ashley.
Mrs. M. Ashton.
Miss M. Bain.
Mrs. A. Bamber.
Miss O. Barrett.
Miss E. W. Bates.
Miss H. Bateson.
Mrs. A. Beaumont.
Miss N. Bennett.
Miss A. J. Bentham. (Retired 31/8/52.)
Miss E. Bibby.
Miss A. Biggs.
Miss H. M. E. Black.
Miss M. M. Blackburn.
Miss M. Blockey.
Mrs. E. Bodley.
Mrs. J. M. Botes.

Miss M. Bradley.
Miss L. Brandwood.
Miss B. Briggs. (Appointed 5/8/52)
Miss L. Broadbent. (Appointed 12/5/52.)
Miss M. S. Brookfield. (Resigned 30/11/52.)
Mrs. A. Brooks.
Miss A. M. Brunt.
Miss K. A. Bullough.
Miss M. Bush.
Miss M. Butler.
Miss G. J. Butterworth.
Miss M. M. Byrne.
Miss N. Cannell. (Appointed 20/10/52.)
Mrs. M. Chadwick.
Miss W. Chamberlain.
Miss V. S. Chamberlin.
Mrs. D. Chapman.
Mrs. E. W. Christian.
Miss E. M. Clarkson. (Appointed 12/5/52.)
Mrs. S. Clayton.
Miss M. Cleary.
Mrs. J. M. Cocker. (Appointed 1/10/52.)
Miss M. Conroy. (Appointed 4/6/52.)
Miss E. M. Coombes. (Retired 24/12/52.)
Mrs. E. A. K. Crippen. (Appointed 16/6/52.)
Miss D. C. Crook.
Miss J. M. Crossfield.
Miss M. E. R. Curtis.
Miss A. Davies. (Appointed 1/10/52.)
Miss G. Davies.
Miss D. Dawson.
Miss K. Devlin.
Miss B. I. Dickinson. (Resigned 15/5/52.)
Miss D. Dodding.
Mrs. M. A. Dubbeling.
Miss T. Dunscombe.
Miss J. Durose.
Miss N. B. Dyson.
Miss J. G. Edis.
Miss C. M. Edwards.
Miss M. T. Egan. (Appointed 4/6/52.)
Miss M. E. Ellerington.
Mrs. H. Emmott. (Appointed 15/4/52.)
Miss G. Evans.
Miss F. M. Farrar. (Retired 7/2/52.)
Miss E. B. Ferguson.
Mrs. I. Ferguson.
Miss A. W. M. Fido. (Appointed 19/5/52.)
Miss A. G. Forshaw.
Miss F. G. Fothergill.
Miss C. E. Fox.
Miss E. Gardner.
Miss F. Garner. (Resigned 30/11/52.)
Miss L. W. Gilbert.
Miss M. Gill.
Miss F. M. J. Gillen.
Miss T. Gorton.
Miss M. Gowan.
Miss I. Graham. (Appointed 12/5/52.)
Miss G. E. Gray.
Miss C. Greenhalgh.
Mrs. A. Gregory.
Miss H. J. Grieve.
Miss E. Hall.
Miss M. B. Hall.
Miss I. Hanes.
Mrs. J. Hanley.
Mrs. M. Hanslip.
Miss M. Hardacre. (Resigned 30/4/52.)
Miss H. Hargreaves.
Mrs. L. Harker.
Miss E. M. Harrison.
Miss L. M. Hartley.
Miss I. Haworth. (Appointed 1/12/52.)
Miss I. Heap.
Miss W. Henry.
Miss D. M. Hexter.
Miss D. Higham.
Miss S. V. Hitchin.
Miss S. N. Hodgson.
Mrs. M. Hogg.
Mrs. A. Hohenhaus. (Appointed 4/2/52.)
Mrs. E. M. Hollinrake.
Miss V. Houghton. (Appointed 19/6/52.)
Miss A. C. Howard.
Mrs. F. M. Howard.
Mrs. L. Howarth.
Mrs. M. Hoyle.
Miss E. Hughes.
Miss E. Humphreys.
Miss N. Hunt.
Mrs. B. Hunter.
Mrs. I. E. James.
Mrs. I. Jeffrey.
Miss M. H. Jenkinson.
Miss P. John.
Miss K. M. Johnstone. (Appointed 21/4/52.)
Miss H. M. Jones.
Mrs. W. Jones.
Mrs. H. Kay.
Miss B. A. Kelly.
Mrs. E. K. Kenyon.
Miss M. Kenyon.
Miss G. K. Lamb.
Miss M. Lamb.
Miss E. M. Latham.
Mrs. E. Lee.
Mrs. J. Lees.
Mrs. B. Livesey. (Appointed 21/4/52.)
Miss G. M. Lloyd.
Mrs. E. Lomax. (Appointed 12/5/52.)
Miss M. Luckett.
Miss E. Lumber.
Miss A. Lynch.
Mrs. C. Lynch.
Miss C. M. M'Cardell.
Miss A. McCullagh.
Mrs. A. L. E. Makin. (Appointed 12/5/52.)
(Resigned 3/10/52.)
Miss A. M. Makin.
Miss B. M. Malone.
Mrs. D. Maltman.
Miss M. E. Marsh.
Mrs. M. Mather.
Miss M. A. May.
Miss A. Melia.
Miss E. Middlehurst.
Miss I. Milne.
Miss L. Milner.
Miss M. A. Moore.
Miss M. Morphet. (Resigned 29/2/52.)
Mrs. B. Murphy.
Miss M. B. Murray.
Miss M. K. Neilson. (Resigned 31/7/52.)
Miss M. Ogden.
Miss M. Openshaw.
Mrs. M. Owen.
Miss M. E. Owens.
Miss M. Parkinton. (Resigned 30/9/52.)
Miss J. E. H. Paterson.
Miss M. E. Pearse.
Miss A. Perkins.

Miss E. A. Peters.
Mrs. S. E. R. Pickering.
Miss E. Pickup. (Appointed 2/1/52.)
Mrs. S. M. Pilling. (Resigned 27/9/52.)
Miss N. Poole.
Miss E. Pope.
Miss G. M. Pringle. (Appointed 1/1/52.)
Miss D. H. Proctor.
Mrs. E. Prosser.
Miss L. Raine.
Miss E. M. Rainford.
Miss M. Rawe.
Miss J. Reid. (Appointed 4/6/52.)
Miss D. E. Rhodes.
Miss C. P. Richmond. (Appointed 21/7/52.)
Miss E. H. Rigby.
Miss V. Riley.
Miss M. V. Rimmer.
Mrs. E. E. Robinson. (Appointed 30/6/52.)
Miss C. R. Ryan.
Miss M. H. Ryden.
Miss J. Sanderson.
Miss I. Sandford.
Miss N. H. Sargent. (Resigned 30/9/52.)
Miss E. L. Sayer.
Miss A. J. Scandrett.
Miss M. Seddon.
Miss F. Sharples.
Mrs. A. Shaw.
Mrs. H. Shaw.
Mrs. M. C. Shelley. (Appointed 12/5/52.)
Miss M. Simmons.
Mrs. T. M. Simmons.
Miss E. Singleton.
Mrs. J. W. Singleton. (Resigned 31/3/52.)
Miss E. L. Smeltzer.
Miss A. Smith. (Appointed 1/1/52.)
Miss C. M. Smith.
Mrs. D. Smith.
Miss L. Smith.
Miss A. R. Snape.
Miss M. Spenceley.
Miss J. M. Stables.
Miss E. J. Stanley.
Mrs. I. Steggles.
Miss E. W. Stewart, A.R.R.C.
Miss D. M. Stott.
Miss W. V. Sugden. (Appointed 19/5/52.)
Miss R. Sutcliffe.
Miss H. M. Swain.
Mrs. A. Thomas
Miss B. O. Thomas.
Miss M. Thomas. (Resigned 8/11/52.)
Miss N. Thornton.
Miss J. Tomkinson.
Miss K. I. Truman.
Miss W. A. Turton.
Mrs. D. R. Ullathorne.
Miss F. M. Unsworth. (Retired 18/12/52.)
Miss G. Waddicor.
Miss A. Walton.
Miss M. M. J. Warren. (Resigned 9/10/52.)
Mrs. A. Webb.
Miss J. M. Webster.
Mrs. G. Weir.
Miss A. M. Whitaker.
Miss B. Whitaker.
Miss L. Wilcox. (Resigned 31/10/52.)
Miss J. Wild. (Retired 30/5/52.)
Miss M. Wild.
Miss M. Wilkinson.
Miss N. Wilkinson. (Appointed 1/4/52.)
Miss F. E. Williams.
Miss G. Williams.
Mrs. K. Williams.
Miss M. E. Williams. (Appointed 16/6/52.)
Mrs. S. E. Williams.
Miss I. Wilson. (Resigned 29/2/52.)
Miss M. Wilson.
Miss L. M. Winder.
Miss G. Woods. (Retired 14/4/52.)
Mrs. E. T. Wrigley.

School Nurses.

Mrs. L. Agers.
Mrs. F. C. Ames.
Miss E. Banks.
Miss I. J. Brown
Miss L. Coyne.
Mrs. M. Crosby
Mrs. A. H. Frankland.
Mrs. E. Iddon.
Mrs. A. E. McKay.
Miss A. Rimmer.
Miss L. P. Sparkes.
Miss A. Ward.
Miss A. Willman.
Mrs. S. E. Yates.

Bleasdale House Residential Special School for Physically Handicapped Boys, Silverdale.

MATRON: Miss G. I. Davidson.
HEAD TEACHER: Miss H. Brown.

Broughton Tower Residential Special School for Delicate Pupils, Brougton-in-Furness.

MATRON: Miss G. Ethall. (Appointed 21/1/52.)
HEAD TEACHER: Mr. W. J. G. Nelson.

Brynbella Hostel for Maladjusted Boys, Rawtenstall.

WARDEN: Mr. J. Heath. (Resigned 27/9/52.)

Kepplewray Residential Special School for Physically Handicapped Girls, Broughton-in-Furness.

MATRON: Miss N. E. Dent.
HEAD TEACHER: Miss G. Abraham.

Sedgwick House Residential Special School for Epileptic Pupils, Sedgwick.

MATRON: Miss O. W. Coates.
HEAD TEACHER: Mr. D. W. Norton.

Singleton Hall Residential Special School for Physically Handicapped Boys, Singleton.

MATRON: Miss L. E. Cooper. (Appointed 5/6/52.)
HEAD TEACHER: Mr. J. H. Fortescue. (Appointed 1/8/52.)

LANCASHIRE COUNTY COUNCIL.

EDUCATION COMMITTEE.

SCHOOL HEALTH SUB-COMMITTEE.

FORTY-FOURTH ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

AND

SCHOOL MEDICAL OFFICER,

For the Year ended 31st December, 1952.

To the Chairman and Members of the Lancashire Education Committee.

Ladies and Gentlemen,

I beg to submit the Annual Report on the School Health Service for the year 1952.

The report contains details of the various branches of the service with special reference to the many developments which have taken place during the past few years.

The total number of inspections was 71,328, an increase of 5,594 over the previous year. This is satisfactory, for though the special services now provided are invaluable the essential importance of the periodic medical examination remains and constitutes the greatest contribution of the School Health Service to the health of the nation.

The opening of Singleton Hall as a special residential school for physically handicapped boys completed the Committee's plan for the provision of such schools for certain types of handicapped children, apart from the extensions at Kepplewray which began immediately after the end of the year. The three schools for physically handicapped children and the one for those suffering from epilepsy are sufficient to meet the needs of the whole of the County. All these schools are dealing with some of the most difficult cases ; no child, for example, is too handicapped physically to be given a chance, provided he is likely to make some educational progress. This, of course, adds to the problems of the staff, both nursing and teaching, but the rewards are great as new life opens to the children. In the three schools for the physically handicapped the largest groups are those suffering from cerebral palsy, a total of 44 in all. These children need help in so many ways that their treatment can only be attempted through a staff working together as a team. Many have received no previous education, but after the initial difficulties have been overcome the results of care and treatment slowly become evident, and sometimes the progress made is remarkable.

It was with great regret that the Committee found it necessary to suspend activities at the Brynbella Hostel for Maladjusted Boys, on the resignation of the warden. Some excellent work had been done since its opening in 1948, and many boys had received great help and support during the period of recovery, fitting them for a return to normal life. The supervision of treatment under an experienced psychiatrist is perhaps the most essential factor if such a hostel is to serve its real purpose and it was because the additional psychiatric help required had not been found that the hostel remained closed at the end of the year.

One of the newer branches of the service is that dealing with speech defects amongst children, and it is satisfactory to report that the number of whole-time speech therapists employed increased from three to eight by the end of the year. This is, of course, still insufficient to cover the requirements of the whole of the County area but it is an indication that a large number of these children are now receiving the kind of treatment they so urgently need. Speech defects and particularly stammering, can be so distressing to parents and children alike that any effort to remove a disability which may persist through life if left untreated is worth while.

Orthoptic treatment also is being given to an increasing number of children, and in 1952 almost twice the number in the previous year were referred for operative treatment.

A notable event during the year was the start on the building of the new clinic in Droylsden. This is the first of the Council's clinics to be built since the war and after a lapse of 13 years it is encouraging to resume a programme of new clinic buildings for certain areas where they are so badly needed.

The delay in carrying out operative treatment for the removal of tonsils and adenoids as a consequence of new arrangements under the National Health Service Act has been noted in other reports. Generally speaking, the position is satisfactory, but at least in one area it has not been possible to effect any improvement in the facilities which are quite unable to cope with the increasing waiting lists.

It is with very great regret that I have to record the death of our first Senior Dental Officer Dr. I. F. McAsh, who was a member of the County staff for 25 years and whose advice meant so much, during a very difficult period. He has been succeeded by Mr. L. B. Corner, who has quickly proved himself to be a most valued colleague.

The number of whole-time dentists increased from 29 to 35 during the year, a substantial improvement which, it is to be hoped, will be maintained in future years.

In conclusion, I wish to express to the members of the County Council the thanks of the Department for their interest in this work. My thanks are due, in particular, to the Education Committee for their continued support and encouragement.

I am, Ladies and Gentlemen,

Your obedient Servant,

S. C. GAWNE.
County Medical Officer of Health and School Medical Officer.

School Health Department,
East Cliff County Offices,
February, 1954.

GENERAL STATISTICS.

The table below shows the number of maintained schools in the County area on the 31st December, 1952, and the number of children on the roll :—

Type of School.	No. of Schools.	No. on Roll.
Nursery	35	1,344
Primary	974	210,266
Secondary (Modern)	132	48,887
Secondary (Grammar)	45	22,080
Technical	13	2,338
Special (Day)	7	610
Special (Residential)	6	222
Total	1,212	285,747

In addition, Periodic Medical Inspection has been extended to five non-maintained schools, the number of pupils on roll being 2,687.

CO-ORDINATION OF THE SCHOOL HEALTH SERVICE WITH OTHER HEALTH SERVICES.

The County Medical Officer of Health is also the School Medical Officer and the Chief Welfare Officer and the medical staff in the central office are concerned with the administration of the Public Health Acts, embracing the environmental services, the National Health Service Act, the National Assistance Act, and the School Health Service.

Divisional Administration.

Seventeen health divisions were established in 1948, the areas being as far as possible co-terminous with those of the hospital districts in order to facilitate the co-ordination of all the medical services. The delegated functions are administered by representative divisional health committees to whom the chief adviser is the divisional medical officer appointed by the County Council. Although the areas and populations covered are different from those served by the divisions set up for educational purposes, the number of which is 24, together with two Excepted Districts, a very considerable degree of integration of the two services is possible, as the divisional medical officer is also the divisional school medical officer for the whole of his division. The assistant medical officers and health visitors and school nurses of the division are all responsible for much of the work entailed in the National Health and School Health Services.

There is further co-ordination through the employment of divisional medical officers and assistant divisional medical officers as medical officers of health of the County Districts and in 81 out of 109 districts, medical officers of the County staff act in this capacity.

The dental staff are mainly engaged in the School Health Service but have responsibilities also in the care of mothers and young children. With few exceptions the school nurses are also health visitors.

The advantages of these arrangements have been manifest, and the fact that the same officers undertake responsibilities in the different services enables them constantly to view the health services as a whole, a matter of great moment to those for whom the services are provided. The officers are, by these means, provided with great opportunities for dealing with problems of preventive medicine on a wide basis.

The following table shows the relationship in 1952 between Health and Education Divisions :—

Health Division.	Education Executive Area.	
	Whole.	Part.
1	1	—
2	—	2
3	—	3
4	10	2, 3, 4, 5, 14.
5	7	5, 9.
6	6	5
7	11, 12	4
8	13	14
9	16, Widnes Ex. Dist.	—
10	17	—
11	15	9, 14, 18
12	19	8
13	—	8, 20
14	—	20, 23
15	22	18, 21
16	Stretford Ex. Dist.	21
17	24.	23

Diphtheria Immunisation.

The scheme of the County Council for immunisation lays upon health visitors, most of whom are also school nurses, the duty of ensuring that children are presented for primary immunisation before their first birthday and, as there is evidence that the immunity conferred wanes with time, again on attaining school age. During the period of school life, arrangements exist whereby systematic provision is made for administering reinforcing injections at a suitable age.

Arrangements have been made in each Health Division whereby diphtheria immunisation sessions are held periodically at child welfare centres and other suitable centres, such as schools and school clinics. In addition, medical practitioners take part in the scheme, either by conducting sessions or in the course of their private practice.

Little more than a decade has elapsed since diphtheria was the most common single cause of death amongst school children and the third most common between the ages of one and five years. As a result of the artificial immunisation of a considerable proportion of the child population, both the notifications of and deaths from diphtheria have rapidly declined to a relatively insignificant level. However, that diphtheria does still exist as a potential danger is a fact, the appreciation of which must continue to be brought home to the public, and herein lies an important duty of local health authorities.

The table below shows the number of children immunised during 1952, together with those so protected during each of the previous six years :—

Year.	Number who completed a full course of primary immunisation during year at ages—			Number of reinforcement injections given (*i.e.*, subsequent to complete course).
	Under five.	5—14 inclusive.	Total under 15 years.	All children under 15 years of age.
1946 ...	21,684	7,078	28,762	20,824
1947 ...	22,909	4,486	27,395	16,277
1948 ...	26,315	3,801	30,116	17,755
1949 ...	25,937	5,993	31,930	24,956
1950 ...	21,331	3,814	25,145	17,370
1951 ...	23,144	3,211	26,355	19,858
1952 ...	21,731	3,902	25,633	25,485

Of the 25,485 children who were given reinforcement injections, 23,369 were of school age.

There were no deaths from diphtheria among children of school age.

The total of 25,485 children under 15 years who received reinforcement injections during 1952 is the highest total ever achieved. This increase was proportionately greater than the rise in school population which occurred in 1952 as a result of the admission to school of children born in 1947, when the highest birthrate since 1921 was recorded.

Continuous and unrelenting efforts on the part of all " field workers " and by every conceivable means of health propaganda is, therefore, called for if the success of the immunisation campaign is to be maintained, and in order that a feeling of apathy conscquent upon the near-elimination of diphtheria may not be engendered in the public mind, as has has been the experience with regard to vaccination against smallpox.

The success of propaganda on immunisation depends to a large extent on the advice and guidance given to parents by health visitors and school nurses during the early years of their children's lives. To supplement this valuable personal propaganda, in many areas letters or first birthday cards are sent reminding parents of the importance of immunisation at this stage. At child welfare centres advice is given by the medical and nursing staffs. At the commencement of school life, a further attempt is made to secure the protection of non-immunised children, and throughout school life the reinforcement of the protection of those immunised in infancy is arranged at intervals. During the period under review, the personal approach by health officers was reinforced by the distribution of leaflets and display of posters, the exhibition of films and, in several divisions, by newspaper announcements and talks to Parents' Associations and similar bodies.

Summary of Immunisation State of Child Population at End of 1952.

Year.	Children under five years.			Children aged 5–14 inclusive.		
	Number Immunised.	Estimated Population.	Per cent. Immunised.	Number Immunised.	Estimated Population.	Per cent. Immunised.
1952 ...	85,644	157,200	54·5	226,564	287,400	78·8
1951 ...	88,826	168,161	52·8	215,594	276,470	78·0
1950 ...	86,202	168,780	51·1	207,341	272,080	76·2
1949 ...	84,833	167,430	50·7	195,417	265,800	73·5
1948 ...	80,069	165,111	48·4	183,861	258,898	71·0
1947 ...	74,145	155,203	47·7	191,518	248,371	77·1
1946 ...	68,813	142,622	48·2	185,100	247,107	74·9

MEDICAL INSPECTION.

Inspection is carried out in the schools and at clinics and is of three kinds:

1.—Periodic.

The Education Act provides that a local education authority must make provision for the medical inspection of all pupils attending any school or County college maintained by the authority. These inspections are made at certain times during school life and the parent cannot refuse to submit the child for inspection unless there is a reasonable excuse.

Regulations issued by the Ministry of Education require that these periodic examinations shall provide that :—

(*a*) Every pupil who is admitted for the first time to a maintained school shall be inspected as soon as possible after the date of admission.

(*b*) Every pupil attending a maintained primary school shall be inspected during the last year of his attendance at such school.

(*c*) Every pupil attending a maintained secondary school shall be inspected during the last year of his attendance at such school.

(*d*) Every pupil attending a maintained school or County college shall be inspected on such other occasions as the Minister may direct.

2.—Special.

These inspections concern children not due for periodic inspections but who are specially presented for examination by parents, teachers or school nurses when some defect is suspected.

3.—Re-inspection.

This is for children who, at a previous inspection, had some defect requiring treatment or observation.

The following table shows the number of inspections made during 1952 :—

Number of Schools in which Periodic Medical Inspection was completed	862
Number of Pupils examined :—	
" Entrants "	34,740
" Second Age Group "	21,221
" Third Age Group "	15,367
Total (Prescribed Groups)	71,328

Number of Special Inspections	41,331
Number of Re-inspections	51,277
Number of Parents present at Periodic Inspections...	25,799
Number of Parents present at Special Inspections	23,622

The total number of children found at periodic medical inspections to require treatment, excluding dental diseases and infestation with vermin, is shown in Table 1 (*C*),* and Table 2 (*A*)* gives a detailed analysis of the defects found at periodic and special inspections.

General Condition.

The figures in Table 2 (B)* show, once again, that the proportion of children with "poor" nutrition diminishes steadily. This trend has been present for the past few years, as shown in the following figures :—

1947	3·83 per cent.
1948	3·51 per cent.
1949	2·91 per cent.
1950	2·54 per cent.
1951	2·08 per cent.
1952	1·95 per cent.

It should be remembered that while these figures are encouraging, taken in the aggregate, such clinical assessments of general condition cannot have the same significance for individual children unless they are repeated at regular intervals.

Uncleanliness.

One of the most important duties of the school nurses is their work in dealing with uncleanliness. The value of this work lies not only in bringing to light conditions of uncleanliness in children seen by them during their frequent inspections at the schools but also in the opportunity it gives them for personal contact with the parents. Long experience has shown that the educational work of the nurses among parents has been a potent factor in reducing the incidence of uncleanliness. All this demands persistent effort on the part of the nurses, but over the years the reward has been great.

Cleanliness inspections were carried out in the schools during the course of 10,205 visits by the school nurses, an average of 8·4 for each school for the year. At these visits 615,445 examinations were made and 16,571 children were found to be verminous. This was 936 less than in 1951, or 5·8 per cent. of the children on the school roll, compared with 6·3 per cent. the previous year.

There was, therefore, an appreciable decrease, as in the last three years. Comparative figures are shown below :—

1945	10·2 per cent.
1946	8·7 per cent.
1947	7·5 per cent.
1948	6·6 per cent.
1949	7·0 per cent.
1950	6·7 per cent.
1951	6·3 per cent.
1952	5·8 per cent.

ARRANGEMENTS FOR MEDICAL TREATMENT.

Minor Ailments.

Minor ailments continue to be treated in large numbers at 90 school clinics where doctor, nurse, parent and child are able to meet together. Children are seen there who have been referred by the school doctor for further investigation or treatment in addition to the large numbers who come for the treatment of a great variety of minor ailments. Others are brought by their parents for consultation with the doctor.

Many additional clinics are still needed, some urgently, but no new building was possible during the year.

* For these tables please refer to Appendix.

Skin Diseases.

There was a fall in the number of children treated for ringworm. There was no local outbreak of the disease. The numbers treated in school clinics during the past few years are as follows :—

1946	309
1947	259
1948	268
1949	156
1950	112
1951	115
1952	87

There was again a reduction in the number of children treated for scabies in school clinics by 20·58 per cent., an improvement which has continued steadily since 1946, as shown below. There was an increase in the number of cases of impetigo reported (177) for the first time for some years. The Divisions showing the increased incidence were mainly those adjacent to Salford and North Manchester, *viz* : 18, 19, 20, 21, 22 and Stretford Excepted District, and there was also an increased incidence in Widnes Excepted District. The figures are :—

	Scabies.	Impetigo.
1946	2,460	... 4,154
1947	1,363	... 3,082
1948	608	... 2,256
1949	405	... 1,613
1950	222	... 1,534
1951	136	... 1,473
1952	108	... 1,650

Defective Vision and Squint.

The number of children found at periodic inspection to have defective vision was 5,785 or 8·11 per cent. of those examined, and of these 2,507 were found to require spectacles. 2,228 children were found to have defective vision, at special inspections, and of these 1,601 required spectacles.

There are in the County 65 ophthalmic clinics attended by ophthalmic surgeons for carrying out refractions and prescribing spectacles, which were up to July 5th, 1948, supplied through the Committee's arrangements with various opticians throughout the County. The supply of spectacles is now a function of the Local Executive Council with whom there has been the closest co-operation, and spectacles are obtained through opticians who are recognised by the Local Ophthalmic Services Committees. The greatly increased demand for the supply of spectacles since 1948 resulted, as is well known, in a much longer waiting period after their prescription. The position was most serious in 1949 when only 26 per cent. of the number of glasses prescribed were actually supplied during the course of the year. The number increased to 57 per cent. in 1950 and 70 per cent. in 1951, but there was a slight fall in 1952 to 68·6 per cent. There was some variation in the length of the waiting period from area to area.

Orthoptic clinics for the treatment of squint are held at four centres in Chorley, Eccles, Nelson and Waterloo. At all clinics 651 children attended for treatment, 126 of whom were referred to hospital for operative treatment. The willing co-operation of the parents and the high percentage of good attenders are features at all clinics. The increasing number of children under school age who attend, though they cannot take part in all forms of the treatment, noted in previous reports, is a development which indicates very clearly that parents are aware of the advantages of early treatment.

Miss J. Allanson, who attends the Waterloo clinic, reports as follows :—

> " Most of the pre-school children attended for periodic testing only, as there were very few who could co-operate sufficiently for treatment. Owing to the importance of school work, many senior age-group patients attended after school hours. This arrangement proved more satisfactory than homework exercises, as these were rarely carried out with efficiency.
>
> " Parental co-operation was good, and it is pleasing to note that there was one case only where surgical treatment was refused. Post-operative photographs of cosmetically satisfactory patients were a great asset when advising apprehensive parents on this form of treatment.
>
> " The health visitors were again most helpful in providing background details of various patients and checking non-attenders."

Miss P. T. Dalby, who attends the Eccles Clinic, states :—

"All children of seven years and over, with equal vision, have received half-hourly weekly treatment to correct their squint.

" This year 64 individual children have attended for the exercises, and I have been able to discharge a further 42 cases with straight eyes and equal vision.

" The number who failed to report is a little higher than in previous years—21 in all—mainly due, I think, to so many of the mothers now working and being unable to attend with the children, but the majority, I find, are very co-operative and regular in their attendances.

"All children under seven years attend for regular periodic vision checks—79 with defective sight caused through squinting have been occluded and have had their vision restored.

" There were 133 children too young for the exercises, who attended regularly to ensure that the visual acuity remained equal until they were old enough for the weekly treatment."

Miss S. Sutcliffe, who attends the Nelson Clinic, comments as follows :—

" The Orthoptic Clinic at 259, Manchester Road, Nelson, was opened in September, 1952, although from 1st May, 1952, children resident in the area of the Lancashire County Council adjacent to Burnley had been receiving treatment in the Burnley Corporation School Clinic premises by arrangements with the Medical Officer of Health for Burnley.

" Four sessions per week are held at the Nelson Clinic at which children who live in the Nelson and Colne areas attend. Usually, one session is devoted to the supervision of occlusion, one to the investigation and diagnosis of defects of ocular muscle imbalance, and two are held as treatment sessions. One session per week is held in the Burnley school clinic premises at which children attend who live on the west and south sides of the town, and for whom it is more convenient to attend Burnley than Nelson. One session per month is held in Colne, at which children attend for re-inspection. A proportion of Saturday mornings have also been spent seeing patients.

"Although prolonged courses of treatment cannot be given at the present time, at least all the children are under frequent supervision. All children have their binocular functions investigated, and angle of deviation measured at least twice prior to surgical measures being undertaken. This information is of immense value to the operating surgeon. All children who receive operative treatment are referred back to the orthoptic department for post-operative treatment or supervision."

Diseases of Ear, Nose and Throat.

Minor diseases of the ear, nose and throat are treated at the minor ailment clinics. Sessions are also held in 10 areas attended by specialists to whom medical officers refer children for further consultation. These sessions are valuable in providing an opportunity for the specialists to confer with parents and school doctors.

There is a close co-operation between the medical officers in the service, the hospital specialists and the general practitioners and many children are referred to hospital for treatment. The number of children treated by operation for adenoids and chronic tonsilitis fell from 3,599 to 2,737. While there has been an improvement in some areas in the time elapsing before the recommended operative treatment is carried out, in others there is still considerable delay.

Chiropody Clinic.

The Eccles Clinic was opened towards the end of 1951, and during 1952, 159 children made 775 attendances. The conditions treated are as follows :—

Pronations	76
Defects of lesser toes	44
Defects of nail	13
Hallux valgus	14
Verrucae pedis	43
Corns and callosities	30
Chilblains	7
Other minor lesions and defects	14

Mrs. E. Hargraves, the chiropodist, in her report states :—

"I am pleased to report a very successful year with attendances 90 per cent. of those invited.

"Most of the cases of pronation are responding to the cork wedge support. A number of children, particularly the heavily built ones, were considered to be too far advanced for this treatment and 13 cases were referred to Hope Hospital Chiropody Unit for permanent corrective insoles.

"As before, particular attention has been given to the footwear and hose of the children, and parents were advised on the type and fitting of shoes, particular stress being laid on the necessity of footwear being kept in a good state of repair and the damage to the child's foot resulting from neglect.

"The co-operation of parents has been extremely helpful, both in regard to footwear and to the supervision of exercises at home."

Orthopædic and Postural Defects.

There has been no change in the arrangements for the admission of children from the County area to the Biddulph Grange Orthopædic Hospital, now controlled by the Midland Regional Hospital Board. Treatment is also provided at the Ethel Hedley Hospital, Windermere, Heswall Children's Hospital and the Rochdale Children's Orthopædic Hospital. These are all recognised as special schools and full provision is made for the varying educational needs of the children while treatment, which is often prolonged, is being carried out. The Lancashire Education Committee continues to be responsible for the provision of the educational requirements at the Biddulph Orthopædic Hospital.

There are 28 after-care centres in the County, each visited at least once a month by an orthopaedic surgeon.

The following tables give some details of the treatment received in 1952 —

	Biddulph Orthopædic Hospital.		Ethel Hedley Orthopædic Hospital.	Rochdale Children's Orthopædic Hospital.	Royal Liverpool Children's Hospital.	
	Cases admitted under Orthopædic Scheme.	Cases admitted outside the Scheme.			Myrtle Street Hospital.	Heswall Country Hospital.
In-Patients, 1st January, 1952 ...	36	48	8	13	...	6
Admitted during the Year ...	58	74	15	40	18	13
Discharged during the Year ...	64	82	17	31	18	11
Remaining on 31st December, 1952	30	40	6	22	...	8

Name of Hospital.	Congenital Defects.			Diseases of the Central Nervous System.		Affections of Bone.	Acquired Defects.	Total Defects.
	Spine.	Upper Limbs.	Lower Limbs.	Anterior Polio-Myelitis.	Spastic Paralysis.			
Biddulph— Cases admitted under Orthopædic Scheme	11	...	20	11	6	2	8	58
Cases admitted outside the Scheme	3	5	21	10	5	12	18	74
Ethel Hedley ...	3	...	4	2	...	3	3	15
Rochdale Children's	5	...	13	1	4	10	7	40
Liverpool Myrtle Street ...	1	1	4	2	1	...	9	18
Heswall Country ...	3	...	2	4	...	4	...	13
Total	26	6	64	30	16	31	45	218

After-Care Centres.

The following is a summary of the work done during the year in the After-Care Centres :—

	Children Attending School.	Pre-School Children.
No. of individual children attended	4,057	1,913
Total number of attendances made	16,395	6,868
No. of children referred to Consultant Orthopædic Surgeon at Hospitals	50	16
No. of children recommended for operative treatment by orthopædic surgeons at centre or hospital	189	45
No. of plasters made at centre	48	37
No. of surgical appliances, *e.g.*, boots, irons, etc., supplied through centres	1,491	669
No. of children given remedial exercises	1,610	543

Defects from which children were suffering :—

	Children Attending School.	Pre-School. Children.
Paralysis—		
Infantile	170	31
Spastic	122	38
Other	11	9
Deformities—		
Congenital	456	313
Traumatic	83	10
Other	2,686	1,015
Rickets	278	436
Infections	61	4
Tuberculosis	18	...
Tumours	23	3
Miscellaneous	149	54
Total...	4,057	1,913

School Clinic Attendances.

The following table shows the number of sessions held and the number of attendances made at the 327 departments in 103 school clinic premises :—

Department.	No. of Clinics.	No. of Sessions.	Attendances. Pupils in Attendance at School	Attendances. Pre-School Children.
Minor Ailments and Inspection	90	12,647	171,802	5,565
*Dental	70	12,009	94,944	4,960
Orthodontic	4	602	3,989	...
Ophthalmic	65	2,453	31,046	3,160
Orthoptic	4	1,375	6,758	958
Orthopædic—				
Administrative County Clinics	28	1,946	16,395	6,868
County Borough Clinics	2	484	1,270	692
Ear, Nose and Throat	10	124	2,266	246
Artificial Light	16	1,151	13,383	9,249
Speech Therapy	30	2,088	10,776	111
Child Guidance	5	853	3,193	...
Chiropody	1	50	765	10
Miscellaneous—				
Asthma, Cardiac	2	15	119	10
Total...	327	35,797	356,706	31,829

* In addition Nursing and Expectant Mothers made 3,677 attendances at the Dental Clinics during the year.

The table on the following pages shows attendances made at individual clinics :—

Name of Clinic.	Minor Ailments.		Dental.			Orthodontic.	Ophthalmic.		Orthoptic.		Ear, Nose and Throat.		Orthopædic.		Artificial Light.		Speech Therapy.	
	Pupils in Attendance at School.	Pre-School Children.	Pupils in Attendance at School.	Pre-School Children.	Nursing and Expectant Mothers.	Pupils in Attendance at School.	Pupils in Attendance at School.	Pre-School Children.	Pupils in Attendance at School.	Pre-School Children.	Pupils in Attendance at School.	Pre-School Children.	Pupils in Attendance at School.	Pre-School Children.	Pupils in Attendance at School.	Pre-School Children.	Pupils in Attendance at School.	Pre-School Children.
Accrington	2,928	445	2,928	45	74	...	795	45	...	...	...	...	...	...	2,019	748	577	...
Ashton-under-Lyne, Richmond House ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	270	...
Ashton-under-Lyne, Water Street ...	8,371	14	2,726	92	35	...	733	41	...	...	231	7	937	417	1,909	2,395	...	...
Ashton-in-Makerfield ...	1,263	31	1,273	9	61	...	592	31	...	...	...	...	...	...	...	...	...	...
Atherton	1,375	3	1,391	60	141	...	815	70	...	...	...	...	...	...	605	1,017	...	...
Audenshaw	1,218	63	1,821	152	44	...	576	89	...	...	...	...	...	...	...	...	...	...
Bacup	3,032	119	1,014	33	9	...	188	33	...	...	...	...	...	...	...	...	...	...
Bamber Bridge ...	567	16	1,158	26	18	...	289	19	...	...	...	...	...	...	...	...	...	...
Banks	63	...	310	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Blackburn	...	...	...	...	...	582	...	...	...	...	...	...	...	...	...	...	...	...
Bromley Cross	605	...	376	17	2	...	173	7	...	...	...	...	...	...	...	...	...	...
Carnforth	333	...	746	54	13	...	155	5	...	...	...	...	...	...	...	...	...	...
Chadderton, Central	867	...	...	...	...	...	200	15	...	...	...	...	691	274	242	122	...	...
Chadderton, Eaves Lane	928	...	2,039	139	55	...	...	...	...	...	...	...	...	...	...	...	...	...
Chorley, St. Thomas' Square ...	...	...	...	...	...	...	...	...	1,573	174	...	...	1,121	185	1,593	493	...	...
Chorley, St. Thomas' Road ...	2,080	21	2,905	68	42	...	1,541	124	...	...	...	...	...	...	...	...	...	...
Clitheroe	442	...	808	15	...	...	282	47	...	...	69	14	...	...	...	...	...	...
Colne	5,723	15	1,580	189	71	...	1,544	126	...	...	...	...	...	...	1,026	544	...	...
Crompton	1,935	14	362	12	20	...	275	10	...	...	...	...	...	...	...	...	...	...
Crosby, Alexandra Hall ...	620	...	2,214	118	41	...	...	...	...	...	...	...	...	...	...	...	58	...
Crosby, Prince Street	7,839	266	2,117	121	131	395	1,629	272	1,467	240	710	74	1,969	570	957	399	10	...
Crosby, Seaforth	2,343	85	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Dalton-in-Furness ...	1,336	61	954	34	102	...	228	30	...	...	...	...	...	...	...	...	...	...
Darwen	2,854	102	886	2	9	...	408	85	...	...	170	20	704	149	940	651	...	...
Davyhulme	314	16	...	...	...	...	242	54	...	...	...	...	...	...	...	...	437	...
Denton	4,924	636	...	...	...	...	...	...	...	...	...	...	...	...	811	1,144	164	2
Droylsden	2,133	12	1,758	103	20	...	638	38	...	...	...	...	...	...	...	...	...	...
Earlestown	588	7	323	1	5	...	261	11	...	...	...	...	528	334	...	...	91	...
Eccles, Green Lane	...	...	...	...	...	...	...	...	2,499	544	...	...	646	177	...	...	408	...
Eccles, Irwell Place	2,645	248	382	...	...	...	340	63	...	...	...	...	...	...	...	...	...	...
Failsworth	1,259	3	547	25	7	2,258	609	22	...	...	...	...	...	...	...	...	187	3
Farnworth	6,103	980	3,086	132	220	...	725	79	...	...	26	1	...	...	...	...	...	...
Fleetwood	1,400	2	2,446	112	73	...	315	12	...	...	...	...	566	225	...	...	79	...
Formby	285	15	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Haslingden	4,521	35	1,044	21	60	...	184	28	...	...	...	...	...	...	191	35	...	...

Name of Clinic.	Minor Ailments.		Dental.			Ortho-dontic.	Ophthalmic.		Orthoptic.		Ear, Nose and Throat.		Orthopædic.		Artificial Light.		Speech Therapy.	
	Pupils in Attend-ance at School.	Pre-School Children.	Pupils in Attend-ance at School.	Pre-School Children.	Nursing and Expect-ant Mothers.	Pupils in Attend-ance at School.	Pupils in Attend-ance at School.	Pre-School Children.	Pupils in Attend-ance at School.	Pre-School Children.	Pupils in Attend-ance at School.	Pre-School Children.	Pupils in Attend-ance at School.	Pre-School Children.	Pupils in Attend-ance at School.	Pre-School Children.	Pupils in Attend-ance at School.	Pre-School Children.
Haydock	1,052	3	197	6	2	...	233	32	...	...	...	...	497	199	...	...	30	...
Heywood	3,535	294	1,426	135	7	...	409	72	...	...	...	...	292	248	...	...	...	...
Hindley	2,560	13	1,511	59	30	...	300	36	...	...	...	...	...	...	...	...	...	...
Horwich	1,764	...	910	83	22	...	681	113	...	...	...	...	330	135	...	...	...	...
Huyton, Derby Road	2,193	51	4,640	369	572	754	529	16	...	...	...	...	...	...	...	...	...	...
Huyton, Fairclough Road ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	645	...
Huyton, Twig Lane	8,944	31	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ince	1,263	31	1,258	34	24	...	254	71	...	...	...	...	...	...	...	...	...	...
Irlam	552	5	...	...	...	...	321	46	...	...	...	...	375	190	...	...	...	...
Kearsley	1,352	52	979	32	261	...	570	92	...	...	...	...	130	16	...	...	249	...
Kirkham	1,554	15	120	9	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Lancaster, Thurnham House ...	1,880	73	3,408	197	32	...	618	31	...	...	323	27	531	131	...	...	...	...
Lancaster, Marton Street ...	77	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Lancaster, Ryelands	1,580	35	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Lancaster, Queen Street ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	588	57
Leigh, Stone House	2,001	11	639	27	...	...	292	29	...	...	...	...	...	...	1,287	589	...	...
Leigh, Westleigh Lane ...	1,107	27	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Leigh, Market Street ...	...	...	...	...	...	...	...	...	719	...	...	...	...	...	...	...	939	13
Leigh, Nangreaves Street ...	373	30	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Leigh, Boundary Street ...	498	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Leyland	460	61	1,326	33	1	...	670	69	...	...	...	...	381	192	...	...	...	...
Litherland, Linacre Road ...	2,392	...	1,187	61	98	...	456	35	...	...	...	...	...	...	...	...	...	...
Litherland, Sefton Avenue ...	...	...	...	...	...	...	...	...	...	...	...	...	979	359	...	...	49	...
Littleborough	808	...	694	10	72	...	256	...	...	...	...	...	...	...	...	...	...	...
Longridge	1,098	9	789	21	4	...	359	10	...	...	...	...	...	...	...	...	...	...
Lytham St. Annes, Bath Street	390	11	87	...	...	...	...	...	...	...	...	...	...	...	...	...	214	...
Lytham St. Annes, Public Offices ...	546	6	628	1	...	...	345	75	...	...	36	10	...	...	...	...	328	...
Maghull	742	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Middleton	4,034	115	2,126	65	...	...	359	25	...	...	...	...	348	647	614	83	152	8
Milnrow	1,080	6	625	19	94	...	...	...	...	...	...	...	...	...	...	...	...	...
Morecambe & Heysham, Euston Road ...	2,641	...	1,726	...	...	...	314	1	...	...	79	1	637	117	...	...	...	...
Morecambe & Heysham, St. James' Hall ...	280	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Mossley	2,383	...	416	2	...	...	61	9	...	...	...	...	...	...	...	...	...	...

Name of Clinic.	Minor Ailments.		Dental.			Orthodontic.	Ophthalmic.		Orthoptic.		Ear, Nose and Throat		Orthopædic.		Artificial Light		Speech Therapy.	
	Pupils in Attendance at School.	Pre-School Children.	Pupils in Attendance at School.	Pre-School Children.	Nursing and Expectant Mothers.	Pupils in Attendance at School.	Pupils in Attendance at School.	Pre-School Children.	Pupils in Attendance at School.	Pre-School Children.	Pupils in Attendance at School.	Pre-School Children.	Pupils in Attendance at School.	Pre-School Children.	Pupils in Attendance at School.	Pre-School Children.	Pupils in Attendance at School.	Pre-School Children.
Nelson, Carr Road	3,035	54	820	...	...	...	1,667	140	...	...	...	...	345	183	...	...	1,017	20
Nelson, Manchester Road	1,088	...	640	...	...	...	256	30	500	...	...	...	...	...	...	...	...	...
Ormskirk	686	4	952	6	35	...	...	...	...	...	...	...	814	286	...	...	...	...
Orrell	393	...	1,066	14	74	...	493	45	...	...	...	...	...	...	...	...	...	...
Oswaldtwistle	626	30	610	...	...	...	268	17	...	...	...	...	...	...	...	...	...	...
Padiham	1,713	35	1,166	...	...	...	294	32	...	...	...	...	...	...	...	...	...	...
Poulton-le-Fylde	1,385	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Prescot	772	42	1,839	152	354	...	248	34	...	...	...	...	489	239	...	...	...	...
Preston	...	...	715	1	...	...	...	...	...	...	...	...	...	...	...	...	720	...
Radcliffe	5,653	79	1,353	20	...	...	459	1	...	...	...	...	...	...	...	...	...	...
Rainford	75	...	188	7	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ramsbottom	973	11	938	45	2	...	431	26	...	...	...	...	...	...	...	...	...	...
Rawtenstall	2,311	37	1,762	62	16	...	482	89	...	...	...	...	244	191	499	315	657	...
Rishton	351	32	971	2	...	...	372	53	...	...	...	...	386	116	...	...	...	...
Rochdale	...	...	...	...	...	...	230	67	...	...	...	...	...	...	...	...	...	...
Royton	2,326	16	...	...	...	...	227	9	...	...	...	...	...	...	...	...	...	...
Skelmersdale	76	10	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Standish	623	...	...	...	...	...	223	40	...	...	...	...	...	...	...	...	...	...
Stretford, Old Trafford	2,641	25	1,175	55	1	...	615	138	...	...	342	77	1,593	698	...	...	235	...
Stretford, Mitford Street	742	24	3,493	1,007	82	...	...	...	...	...	...	...	...	...	...	...	407	...
Stretford, Trafford Park	477	28	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Stretford, Lostock	1,660	26	...	...	...	...	...	...	...	...	...	...	...	...	...	...	114	4
Swinton and Pendlebury, Folly Lane	...	...	471	14	2	...	...	...	...	...	...	...	...	...	...	...	...	...
Swinton and Pendlebury, Victoria Park	4,919	8	2,002	45	28	...	437	17	...	...	280	15	359	191	333	388	438	4
Thornton Cleveleys	780	...	2,759	259	98	...	313	33	...	...	...	...	...	...	...	...	479	...
Tottington	431	20	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tyldesley	788	...	1,375	13	14	...	673	56	...	...	...	...	248	65	...	...	...	...
Ulverston	551	18	1,809	89	176	...	324	73	...	...	...	...	100	106	...	...	...	...
Walkden	645	3	1,590	44	92	...	340	19	...	...	...	...	...	...	...	...	...	...
Westhoughton	1,185	1	918	33	30	...	644	40	...	...	...	...	...	...	357	326	...	...
Whitefield	2,060	43	...	...	...	...	692	62	...	...	...	...	155	228	...	...	638	...
Whitworth	1,222	20	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Widnes, Kingsway	9,837	852	4,446	349	200	...	594	21	...	...	...	...	...	...	...	...	502	...
Widnes, Mill Brow	1,745	51	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Winwick	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	94	...
Total	171,802	5,565	94,944	4,960	3,677	3,989	31,046	3,160	6,758	958	2,266	246	16,395	6,868	13,383	9,249	10,776	111

HANDICAPPED PUPILS.

It is the duty of local education authorities to make suitable provision for handicapped pupils in the area. There are eleven categories, as follows :—

Blind	Educationally Sub-normal
Partially Sighted	Epileptic
Deaf	Maladjusted
Partially Deaf	Physically Handicapped
Delicate	Speech Defects
Diabetic	

Children who are handicapped in any of these ways require special educational treatment since they cannot be educated satisfactorily under the normal conditions of an ordinary school. Many children in several of these categories can continue their education at ordinary schools if suitable provision is made for them and this method is used extensively in the County area.

Many pupils, however, must be educated in special schools if their abilities and aptitudes are to be developed to the fullest extent and in the County area where the population is more scattered than in the towns the chief need is for these schools to be residential if provision is to be made for the more seriously handicapped pupils.

The Committee, through the School Health Sub-Committee, had set up by the end of 1952, five residential special schools and one hostel. The hostel for maladjusted boys was opened in 1948 ; Broughton Tower for delicate boys and girls in 1947 ; Bleasdale House, Silverdale, for physically handicapped boys in 1949. In 1951, Kepplewray, at Broughton-in-Furness, for physically handicapped girls, and Sedgwick House, near Kendal, for epileptic boys and girls. Singleton Hall, for older physically handicapped boys, was opened in 1952.

The number of handicapped pupils in need of education at special schools and the number actually placed, is shown in Table 6.*

Delicate Pupils.

Provision is made by the County Council for delicate pupils through Broughton Tower, a residential special school for junior boys and girls, and through six day special schools in Darwen, Eccles, Nelson, Stretford, Swinton and Widnes ; also by arranging for their admission to various residential special schools administered by other local education authorities and voluntary bodies and to convalescent homes for shorter periods.

Broughton Tower.

This school completed its fifth full year, and provided residential care for children suffering from delicacy due to a variety of causes.

Resident in school on January 1st, 1952	43
Admitted during the year	73
Discharged during the year	82
Resident in school on December 31st, 1952	34

The following report has been received from Dr. J. Patterson, Assistant Divisional Medical Officer in the area, who is in clinical charge of the children :—

" The table below gives details of the 73 children admitted during 1952, of whom 48 were boys and 25 girls :—

Diagnosis.	No. of Children.
Asthma	29
Debility	13
Bronchitis	13
Bronchieetasis	12
Subacute Rheumatism	1
Healed Tuberculosis of the Spine	1
Congenital Heart Disease	1
Mitral Valvular Disease...	1
Eczema	1
Chorea	1

" Included in the above were five re-admissions classified as follows :—

Asthma	2
Debility	1
Bronchiectasis	1
Eczema	1

* For this table please refer to Appendix.

"The admissions in the four largest groups, *viz*: asthma, debility, bronchitis and bronchiectasis were about 92 per cent. of the total, compared with 89 in 1951, 86 in 1950, 85 in 1949 and 75 in 1948.

Age on Admission.

Under 7 years	11
7—years	6
8—years	11
9—years	13
10—years	13
11—years	14
12—years (upwards)	5

"Average age on admission was nine years five months, compared with nine years $10\frac{4}{5}$ months in 1951, and nine years 11 months in 1950.

Discharges.

Boys	52
Girls	30
Total...	82

Length of Stay in Broughton Tower.

Under 6 months	18
6 months	31
7 months	11
8 months	7
9 months	3
10 months	1
11 months	2
12 months (upwards)	9

"The average length of stay (the arithmetic mean) is 7·25 months, but the most frequent length of stay is approximately six months.

"Children suffering from bronchiectasis are remaining longer to allow for more thorough preparation.

Comparison of Weights on Admission and Discharge of Children discharged during 1952.

	Number of Children.	1952. %	1951. %
Underweight on Admission	66	80·5	74·0
Underweight on Discharge	42	51·2	46·5
Normal weight on Admission	16	19·5	26·0
Normal weight on Discharge	40	48·7	53·5

"Of the children underweight on admission, *i.e.*, 80 per cent. of the total, 35 per cent. were discharged as conforming to normal standards of weight for age, compared with 37 per cent. last year. It should be noted that the number underweight on admission was 6·5 per cent. more than the previous year.

"One can always tell if a child is healthy, but there are no definite standards by which we can judge the extent of this healthiness. We can use combinations of height, weight, etc., but we still cannot find an indicator of the degree of this healthiness in any given instance. Increase in weight is probably the best criterion by which to judge the healthiness of an individual from infancy to adolescence, provided that the increase is not due to abnormal functional causes.

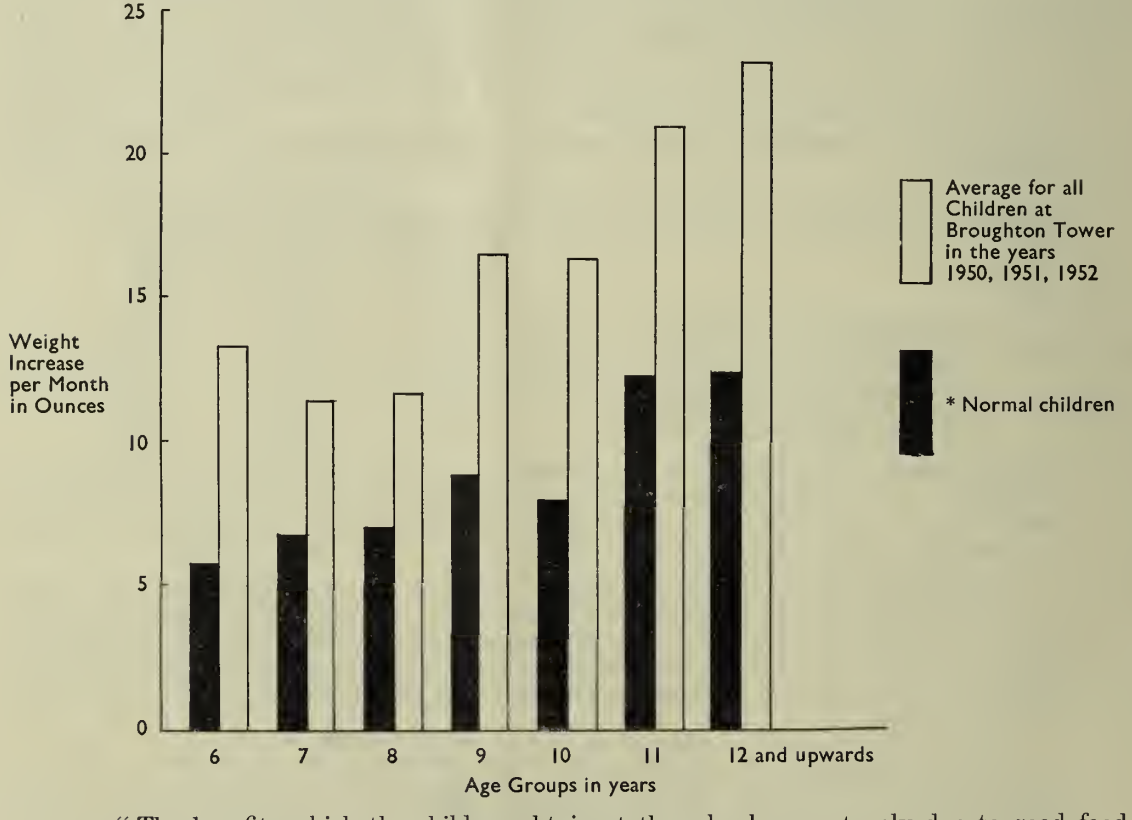
"In the adult it is not reliable, but in the baby or child, where it is regular and of considerable amount, it indicates that the body generally is 'healthy.' If the baby's resources are concentrated on overcoming some disability then weight increase suffers. This is well seen in cases of asthma or other prolonged and weakening diseases. Once that disability is overcome, the body grows more normally and this is manifested mainly by an increase in weight. Conversely, when it is found that a child is beginning to grow, as indicated by a steady increase in weight, after a long period of remaining stationary or losing weight, it is an indication that the growth retarding factor, or the specific disability, *e.g.*, 'asthma,' is being overcome.

" Most of the children at the school had been in this stationary phase before admission, and consequently had much ground to cover to reach the level at which they would have been if they had not had some disability. The rate at which growth took place at the school indicates to what degree the specific disability was overcome. This rate is far in advance of that of normal children living at home, as is shown in the table below :—

Age in Years on Admission.	Number of Children.	*Average Weight Increase (ozs.) per Month of Normal Children.	Average Weight Increase (ozs.) per Month at Broughton Tower, 1952.	Percentage Increase above Normal.
				%
6—	5	5·73	9·48	65·4
7—	10	6·6	13·64	106·0
8—	16	6·73	11·49	70·7
9—	11	8·8	13·96	58·6
10—	17	8·0	13·64	70·5
11—	10	12·3	17·6	43·0
12 upwards	11	12·2	15·9	30·3

" The following graph illustrates the degree of improvement which takes place at the school in a more striking manner. Here the average weight increase per month, at the various age-groups, for all children in the school during the years 1950, 1951 and 1952 is shown, running almost parallel, but at a much higher level, than that of normal children at the same age-groups. A detailed analysis of the clinical disabilities of these children is incorporated in the Follow-up Report, which also shows how they have fared after leaving the school.

GRAPH TO SHOW THE WEIGHT INCREASE PER MONTH AT AGE GROUPS



" The benefits which the children obtain at the school are not only due to good food, regular rest periods, pleasant surroundings and fresh air, but to the intelligent care and understanding given by the Matron, the Sister, the Nursing, Teaching and Domestic Staff. Each child is studied mentally and physically, and receives individual attention for its needs, which entails great patience and understanding on the part of the staff. This attention is given freely at all times.

* From Holt's " Diseases of Infancy and Childhood."

"The help and co-operation of Dr. G. Leggat, Consultant Thoracic Physician, Drs. D. Bottrill and J. Horrocks, Pathologists, the Dental Officer and Ophthalmologist of County Staff, and Dr. W. G. Southern, of Broughton-in-Furness, who provides general practitioner services for the children and staff, has continued to be of the highest order and has proved of immense value in rehabilitating the children to normal physical well-being."

Follow-up Reports.

"Follow-up Reports are made at intervals about the children's health after their discharge from the school. The reports include an assessment of the general condition, particularly in regard to improvement or deterioration and a recommendation is made as to further treatment.

General Condition—

Improved.—34 (65·3 per cent.).
Remained stationary.—11 (20·4 per cent.).
Deteriorated.—7 (14·2 per cent.).

Recommendations—

Fit to remain in ordinary school	39
Should return to special school as soon as possible	9
Should attend day special school	3
Should have a short stay in convalescent home	1

Conditions for which admitted—

Asthma	24
Debility	8
Bronchitis	10
Bronchiectasis	3
Tuberculosis of the Spine (Healed)	2
Tuberculosis Mesenterica	1
Rheumatic Heart Disease	1
Congenital Heart Disease	1
Post Diphtheritic Paralysis	1
Calcified Cervical Glands	1

Asthma.

"In this group of 16 boys and eight girls, two boys have not had any attacks since discharge, nine (39 per cent.) had recurrence immediately, and five (21·7 per cent.) within three weeks of returning home. Twelve of these children had no attacks during their stay at the school, and of the remainder most of the attacks occurred during the first two or three months of the stay, except in one instance, where a boy reversed this procedure and being free for the first five months had two attacks during his last month, although they were minor in character. In 11 cases, attacks which still persist at home are only minor in character compared to the more severe types of attacks, which they had previously been having. This is a significant point, as it shows that as well as improving the general condition, at any rate in these children, there was an overall decrease in the severity of the disease after a period at the school. The same rate of weight increase was not maintained after discharge in any child, including those who were below average weight on discharge and still had room for further increase as opposed to those who were of average weight on discharge and could not be expected to maintain this progress.

"The following is a summary of the general condition on follow-up examinations and the recommendations :—

Improved	14
Remained stationary	7
Deteriorated	3

Recommendation.

Fit to remain in ordinary school	18
Return to special school as soon as possible	5
To attend day special school	1
To have a period in convalescent home	0

"A detailed analysis of this group is contained in the accompanying table, which shows (1) length of time which elapsed before attacks began after returning home ; (2) how their condition generally has fared ; (3) what recommendations have been made ; and (4) compares the attack frequency rate at the school and at home.

RESULT OF "FOLLOW-UP" EXAMINATIONS OF ASTHMATIC CASES DISCHARGED DURING 1952.

Name.	Sex.	Length of Time after Discharge when Attacks Began.	Frequency of Attacks.		General Condition at Follow-up Examination.	Recommendation at Follow-up Examination.
			At Broughton Tower.	At Home.		
B.H. ...	F.	Immediately	2 per month	12 per month	Remained stationary ...	Return to special school.
K.B. ...	F.	2 weeks	Nil	8 per month	Improved	Fit to remain in ordinary school.
C.A. ...	F.	2 months	Nil	1 in 3 months	Remained stationary ...	Fit to remain in ordinary school.
M.D. ...	F.	Immediately	8 in 6 months	48 in 6 months	Improved	Fit to remain in ordinary school.
S.R. ...	F.	Immediately	2 per month	2 per month	Remained stationary ...	Fit to remain in ordinary school.
D.C. ...	F.	2 weeks	1 in 6 months	24 in 6 months	Deteriorated	Fit to remain in ordinary school.
J.B. ...	F.	3 days	1 in 7 months	7 in 7 months	Improved	Fit to remain in ordinary school.
P.T. ...	F.	Immediately	6 in 1 month	2 in 1 month	Improved	Fit to remain in ordinary school.
R.P. ...	M.	6 months	Nil	1 in 8 months	Improved	Fit to remain in ordinary school.
G.H. ...	M.	Immediately	Nil	1 in 2 months	Improved	Fit to remain in ordinary school.
J.S. ...	M.	3 weeks	2 per month	4 per month	Remained stationary ...	Return to special school.
W.W. ...	M.	3 weeks	Nil	4 per month	Improved	Fit to remain in ordinary school.
J.G. ...	M.	Immediately	2 per month	2 per month	Improved	Fit to remain in ordinary school.
R.H. ...	M.	Immediately	Nil	30 per month	Remained stationary ...	Return to special school.
R.N. ...	M.	Immediately	Nil	1 in 6 months	Remained stationary ...	Fit to remain in ordinary school.
W.R. ...	M.	3 months	Nil	1 in 8 months	Improved	Fit to remain in ordinary school.
E.O. ...	M.	1 month	2 per month	2 per month	Deteriorated	Fit to remain in ordinary school.
H.C. ...	M.	3 months	1 in 2 months	24 in 2 months	Improved	Fit to remain in ordinary school.
T.L. ...	M.	3 months	1 in 2 months	8 in 2 months	Deteriorated	Return to special school.
G.D. ...	M.	No attacks	Nil	Nil	Improved	Fit to remain in ordinary school.
A.F. ...	M.	No attacks	Nil	Nil....	Improved	Fit to remain in ordinary school.
G.M. ...	M.	Immediately	1 per month	2 per month	Remained stationary ...	Return to special school.
W.K. ...	M.	2 weeks	Nil	2 per month	Improved	To attend day special school.
J.McE. ...	M.	3 months	Nil	1 in 6 months	Improved	Fit to remain in ordinary school.

Debility.

" In this group of eight children (seven boys and one girl) four have improved, two remained stationary, and two have deteriorated as regards their general condition. Recommendations are that six are fit to remain in ordinary school, one should return to special school, and that one should attend a day special school.

" On discharge, 50 per cent. of this group conformed to normal standards, but the corresponding figure found at follow-up examinations is only 25 per cent. Although there was an increase in weight in 75 per cent. of these cases at home, the rate was not on the high level maintained at the school. Only two of these children can now be said to conform to normal standards and are no longer classified as delicate pupils.

Bronchitis.

" The following are details of this group :—

General Condition.

9 Improved.
0 Remained stationary.
1 Deteriorated.

Recommendation.

8 Fit to remain in ordinary school.
1 Return to special school as soon as possible.
1 Attend day special school.
0 To have a period in convalescent home.

" Of the 10 children discharged in this group, seven have maintained the degree of improvement shown during their stay at the school, as regards the specific disability, three of them being classified as no longer delicate in this respect. Although on discharge only one of these children had conformed to normal standards as regards weight, seven have maintained the same rate of weight increase shown at the school.

" In only two instances has there been a definite deterioration since discharge. One is a girl who was removed from the school after only 13 days by her parents, contrary to advice, and the second, who was also a girl, developed pulmonary tuberculosis, and was transferred to a sanatorium.

Bronchiectasis.

" In this group of three children, two had improved and one girl remained stationary as regards general condition, but two were fit to remain in ordinary school. One girl was recommended to return to special school as soon as possible and at present is in Broughton Tower, awaiting an appointment to have surgical treatment. Following that, she will return for a further period, and eventually a complete cure is expected.

Miscellaneous.

" The following are details of this group of seven children :—

General Condition.

5	Improved	... (Congenital heart). (Post-diphtheritic paralysis). (Tuberculosis, mesenterical). (Tuberculosis of the spine). (Calcified cervical glands).
1	Remained stationary ...	... (Rheumatic heart disease).
1	Deteriorated	... (Tuberculosis of the spine).

Recommendation.

5 To remain in ordinary school.
1 To return to special school (Congenital heart).
1 To have a period in convalescent home.

" The girl who has deteriorated has had a reactivation of the tuberculous infection in her spine and is at present in a santaorium, and is recommended to go to a convalescent home after the disease process becomes quiescent.

" The boy with the congenital heart is now in residence at Bleasdale House Special School for Physically Handicapped Children.

Conclusion.

" The total of 65 per cent. of the children who had maintained their improvement in general condition after discharge is an increase on the previous year (60 per cent.) and illustrates the benefit which the child obtains from a period at the school.

" There is not always the same improvement in the specific disabilities, but with this improvement in general condition the child is given a more solid base from which to overcome its disability. In some cases the improvement is enough to enable the child to remain " normal," as in several of the instances of " debility " and " bronchitis."

" As resistance to infection is closely allied to the state of a child's general condition, it will be seen that the better the general health, the more is the child able to " throw off " infection like colds, influenzal attacks and virus infections. It is when a child's general health is low that complications are found following infections, and in all these children, already with specific disabilities, complications are the rule rather than the exception. Although they may not be completely cured of their particular disability at the school, there is little doubt that deterioration of the condition is being prevented and also much intercurrent infection.

" This is specially noticed in the asthmatic group, where the number of immediate recurrences after discharge has fallen (39 per cent. compared with 43 per cent. in 1951) ; and that 48 per cent. have only had minor attacks. These are children who before admission were having major attacks, *i.e.*, attacks requiring drugs and even injections of adrenaline, and now their minor attacks can be controlled by simple breathing exercises and a short period of rest, when possibly the major attack left the child weakened and fit only for bed for a period of two or three days up to a week. Seventy-five per cent. were fit to remain in ordinary school, a slight decrease compared with 1951, when the figure was 77 per cent. This decrease is mainly accounted for by the rise in the number attending a day special school, 5·8 per cent. compared with 1·8 per cent. in 1951.

" In previous years the groups which did best were those of bronchitis and debility. This year, although the same improvement has been maintained in these groups, there has been a remarkable improvement also in the group of asthmatics. Here there is a large degree of mental or psychological disturbance at the root of the trouble, and by experience we are gradually learning how to overcome this. It is a slow process and one that can only be discovered by experience over a period of time. One point has been noted—the longer an asthmatic stays at the school, the better his chances are of remaining free from asthma at home for a longer period, or diminishing the severity of the attacks and lengthening the interval between them. This may be due to the fact that most of the asthmatics continue to have attacks during their first few weeks of stay, but stop after they have been assimilated into the regime of the school. Important factors are regular habits, meals and rest periods, and the fact that they are taught to regard themselves as normal children, and have freedom from worry and domestic conflict. It does appear that the longer a child remains at the school free from attacks, the longer it will remain free at home.

Day Special Schools.

The six day open air schools at Darwen, Eccles, Nelson, Stretford, Swinton and Widnes continue to serve a most useful purpose and are of real value for children suffering from certain types of delicacy.

Other Residential Special Schools and Convalescent Homes.

During the year arrangements were made for 41 children to be admitted to nine residential schools under other education authorities and voluntary bodies ; 282 children received treatment for periods of one, two and three months at 13 convalescent homes, many of them administered by the Manchester and Salford Invalid Children's Aid Association and the Liverpool Child Welfare Association.

Maladjusted Pupils.

Many maladjusted pupils receive treatment at the child guidance clinics while continuing to attend school. Some can only be satisfactorily treated away from their homes and a few of these were found places in special schools or boarding homes. The Committee has one boarding home at Rawtenstall, which was opened in 1948.

Brynbella, Rawtenstall.

As indicated in the last report it was, unfortunately, necessary for this hostel to be closed after the resignation of the warden during the course of the year. The main difficulty was to provide adequate psychiatric supervision and treatment for the children and by the end of the year it had not been possible to make an appropriate appointment from this point of view. The hostel, therefore, remained closed. Some of the children returned to their own homes and attended child guidance clinics for treatment ; others were dealt with by arranging, with difficulty, for their admission to other hostels or schools. Through the helpful co-operation of the Children's Department, three boys, with the parents' consent, were taken into children's homes.

CHILD GUIDANCE CLINICS.

There are five clinics in the County area, at Huyton, Whitefield, Failsworth, Blackburn and Preston, each with a psychiatrist as medical director.

The following is a summary of the work done at the five clinics during 1952 :—

Number of Pupils.	Huyton.	Whitefield and Failsworth	Blackburn.	Preston.	Total.
Referred	34	212	57	39	342
Withdrawn from register ...	39	34	5	5	83
Given diagnostic interview ...	23	184	42	33	282
Found suitable for treatment ...	12	93	30	17	152
Unsuitable for treatment ...	11	91	12	16	130
Attended for treatment ...	21	133	51	31	236
Treatment completed	11	73	3	12	99
Much improved	3	28	3	3	37
Improved	4	25	...	7	36
No change	4	20	...	2	26

The numbers shown as having been given an initial diagnostic interview include not only, in the main, those referred during 1952, but a certain number also from the waiting list of the previous year. There are many reasons for unsuitability for clinic treatment, the chief ones being educational sub-normality and the impossibility of establishing co-operation with the home. Pupils not put on the waiting list for treatment may be recommended for special schools for educationally sub-normal pupils or for schools or hostels for the maladjusted, or occasionally for mental hospital treatment.

Huyton.

Dr. W. Louise Devlin, the psychiatrist in charge of the Huyton clinic, reports as follows :—

" During the year 1952, the clinic continued to run on an ' emergency ' basis only, as we were not able to obtain the services of a psychiatric social worker. This meant, unfortunately, that we were only in a position to take on very co-operative patients for regular treatment, as our staffing position made it impossible to deal with the others, who might otherwise be given a chance. Some of these latter cases, however, were seen occasionally and given a little supportive therapy.

" The output of work was also diminished by my absence in the early part of the year. On my return, we decided that it was more than time a review of all cases who, having had a diagnostic interview and were on the waiting list for treatment was undertaken, as a great number of them had not been seen for a long time. Our psychiatric social worker from the Preston clinic very kindly agreed to carry out this survey. She found that a few of the parents were, quite naturally, resentful over that fact that they had been left waiting for such a long time, but the surprising thing was that the majority of them were still anxious to bring their children to see me whenever I could find time to see them. Another interesting fact which emerged from the survey was that certain cases had, without any treatment, improved a great deal ; their symptoms had disappeared, or nearly so, and some of them showed also an improvement in personality.

" It is with great regret that I record the resignation at the end of the year of Miss Peake, our educational psychologist. Miss Peake's pioneer work when the clinic began in forming good relationships with the teaching staffs was of inestimable value, and she was always very popular with both parents and children. She will be greatly missed in the clinic and in the community.

" We are very appreciative of the support and co-operation which we continue to receive from the staffs of the Education and Children's Departments."

Preston.

Dr. Devlin reports as follows :—

" During my absence, in the early months of this year, our psychiatric social worker maintained contact with the mothers of the children who had previously been attending for treatment ; and also with other mothers, whose children were still awaiting their diagnostic interviews. This was of great value in reassuring these mothers and in helping them to deal with their problems.

" Psychiatric work was not resumed at this clinic until the beginning of April, and then only on one day per week until the beginning of May. After this date, three sessions weekly were carried out until early November, and since that time the clinic has worked on a basis of four sessions per week. It will be obvious, therefore, that the amount of actual clinic work has inevitably been reduced during 1952.

"A great deal of routine intelligence testing has been carried out by our educational psychologist. She has tested a total number of 251 children ; of this number, 133 children were tested at this clinic and at the school clinics in the district, *i.e.*, for the divisional medical officers and myself ; 50 were tested at special schools and 68 at a reception centre run by the Children's Department.

" The pædiatrician at the local hospitals continues to take a keen interest in the clinic, and refers many cases to us. We welcome this liaison between the two departments.

" With the closure of Brynbella Hostel in September, 1952, we found ourselves in a difficult position with three of our children who were there who could not possibly be sent back to their homes, as the home conditions were most unsuitable. The Children's Department very kindly agreed to take these children into care, with their parents' consent, and the three children in question continue to attend the clinic. We hope to discharge two of them shortly.

" The speech therapist works in the clinic premises here, her sessions being held at the same times as our own, but on a different floor. This provides an invaluable opportunity for co-operation between the two departments."

Failsworth and Whitefield.

Dr. E. Gostynski, the psychiatrist in charge of the Failsworth and Whitefield Clinics, reports as follows :—

" During the past year the position of staff at the clinic has remained unchanged and we have continued to hold 10 sessions a week. The distribution of sessions over diagnostic and therapeutic activities has also remained unchanged. Since the last report we have, towards the end of the year, been able to make direct referral available to two more areas, namely, Stretford and Eccles.

" We now see almost regularly five new cases every week, including those who are occasionally referred for an opinion as borderline cases. These children show various neurotic symptoms and distortions of personality development which express themselves in maladjustment within the various social groups. Although the number of referrals has been higher than in the previous year, we have been able to balance the ratio between numbers referred and numbers dealt with so that our waiting list has remained steady. The greater turnover was facilitated by various alterations in the initial approach to the case. Our treatment waiting list fortunately has decreased greatly so that the number of cases waiting for treatment at the end of this year is only one-half of last year's number. To some extent this may be due to the fact that a larger number of children finished their treatments during this year, but undoubtedly the accommodation of several children at the same time in group treatment has enabled us to absorb a larger number within the same time units.

" The closing down of the Brynbella Hostel is felt as a great handicap, particularly in those cases where the child's symptoms are predominantly in the nature of social maladjustment and necessitate a temporary removal of the child from the home. In our opinion the Brynbella Hostel provided a very good solution, because it allowed a combination of environmental change with facilities for psychiatric treatment.

" We are looking forward to the coming year as being equally fruitful and stable, and hope to maintain the policy of dealing as quickly with the child as the waiting lists permit. We are glad to say that those lists are now of manageable proportions. In conclusion, we again wish to express our gratefulness for the co-operation which we have had from the medical officers in the divisions referring children to us. By their realisation of the primary purpose of the child guidance clinic to deal with the maladjusted child they have limited the selection of the referred children to those cases where we can hope to do most useful work."

Blackburn.

Dr. A. F. M. Christie, the pyschiatrist in charge of the Blackburn Clinic, reports as follows :—

" During the year we have continued to hold child guidance sessions in the Blackburn School Clinic on Tuesdays and Wednesdays. All cases have been referred through the school medical officers and liaison with the staff of the Children's Department has been very good and efficient.

" Miss Bassom, educational psychologist, has undertaken much of the work usually done by the psychiatric social worker since Miss Pugh's transfer to the Preston Child Guidance Clinic in addition to her normal work with the children and school visiting. Her efforts in carrying on these two sides of the work have been of the greatest value ; the lack of a full team, however, naturally slows down the number of children who can be seen and treated.

"The work of the clinic has progressed steadily; 27 cases still requiring treatment were carried over from 1951. During the year 42 new cases were interviewed and of these 24 attended for treatment. In all, 51 individual children attended for treatment, an increase of five on the previous year. The number of attendances at the clinic has more than doubled since Miss Bassom began her work in play therapy.

"Nine children were admitted to special schools or homes and four were committed to approved schools. Three cases were removed from the list as unco-operative and 29 were still attending for treatment at the end of the year."

Speech Defects.

Speech therapy was carried out by eight whole-time and two part-time speech therapists. The supply of qualified speech therapists has improved and the number of clinics has been increased from 19 to 30.

Every effort is made to carry out audiometer tests, ear, nose and throat examination and a general medical examination for those children recommended for speech therapy and, when possible, there is close co-operation with the child guidance team.

The following is a summary of the work done at the various centres :—

Clinic.	No. attending for treatment.	Discharged cured.	Discharged improved.	Treatment suspended.	Ceased attendance.	Still attending.
Accrington	27	3	1	2	1	20
Ashton-under-Lyne	42	3	...	...	4	35
Crosby...	6	...	...	...	...	6
Davyhulme	29	4	...	1	3	21
Denton	30	3	...	...	2	25
Earlestown	17	...	...	1	3	13
Eccles	33	4	1	2	8	18
Failsworth	39	3	3	...	9	24
Fleetwood	13	...	...	1	1	11
Haydock	8	...	...	...	1	7
Huyton	50	11	6	1	4	28
Lancaster	48	7	6	1	8	26
Kearsley	22	1	...	...	1	20
Leigh	71	8	...	2	1	60
Lytham	16	5	2	...	3	6
Nelson	46	9	2	3	3	29
Litherland	5	...	...	...	...	5
Middleton	14	...	...	...	...	14
Preston	41	10	4	2	5	20
Rawtenstall	25	6	2	2	...	15
St. Annes	18	4	2	...	4	8
Stretford (Old Trafford)	13	5	...	1	...	7
Stretford (Lostock)	13	...	...	...	2	11
Stretford (Mitford Street)	26	7	...	...	8	11
Swinton	31	3	4	2	3	19
Thornton Cleveleys	27	3	4	2	2	16
Waterloo	2	...	...	...	...	2
Whitefield	46	6	...	5	1	34
Widnes	64	12	10	1	4	37
Winwick	16	...	...	...	1	15
Total	838	117	47	29	82	563

Reports from all the speech therapists emphasise the importance of co-operation on the part of the parents, and state that in most cases this is forthcoming. Those therapists who have been able to visit the schools are grateful for the interest shown by the teachers and the co-operation which they have given in assisting children with speech difficulties.

In some cases children have been referred to the child guidance clinic for diagnostic interviews, and treatment has been arranged when necessary. The value of holding speech therapy clinics and child guidance clinics on the same premises is obvious.

The following extracts from reports by the speech therapists illustrate the work which is done :—

Mrs. G. Arkle reports as follows :—

Kearsley.

" Parents in this area proved to be particularly helpful, and they attended with the children each week in the majority of cases, even with the children who are in the senior schools. The parents are encouraged to attend as often as possible and to join in the classes, as the children are naturally dependent on their help when they are at home."

Leigh.

" It was possible here to reduce the waiting list by having the children in large groups of six or seven at a time. The milder cases of speech disorder soon improve and can be discharged or need only attend once monthly, while the more severe cases attend each week. Stammerers, especially the older children, respond particularly well to this. So often the stammerer is the only child affected in the school, home or street, and to find others who suffer from the same disability joining him for treatment usually has a very good effect and he shows a marked improvement in self-confidence."

Whitefield.

" The teachers and parents have proved to be most co-operative and teachers have paid visits to the clinic to see the work done, and a lecture was given to one of the local parent-teacher associations on the subject of speech therapy."

Miss M. H. Beedham reports as follows :—

" The clinics at Ashton-under-Lyne, Denton and Failsworth were re-opened in September and a clinic was started at Middleton where there had been no previous speech therapist."

Middleton

"A particularly large proportion of children in the Middleton area use the substitution of ' f ' for ' th ' and ' g ' for ' d ' (as in Middleton which becomes Miggleton). At the request of parents and teachers I have decided to supply pamphlets giving advice on how these substitutions may be corrected at home. These will be distributed through the schools."

Miss P. M. Davies reports as follows :—

Earlestown.

" This speech clinic was opened on October 15th, 1952, at the school clinic in Earlestown where a room of adequate size, containing relaxing bench, is used for the speech clinic.

" There have been no discharges, but progress has been as follows :—

Very good progress.—Two stammerers and one with multiple dyslialia. In the latter case excellent co-operation at home has helped.

Good progress.—Three with multiple dyslalia and one stammerer. In the latter case progress may be hindered by the fact that the child's mother also stammers and finds it difficult to set a good example of calmness and relaxation in the home, coupled with the fact that the father is ' strict ' about stammering and takes the attitude that the child must pull himself together, thus encouraging too much tension instead of relaxation.

Slow progress.—One stammerer and one with multiple dyslalia. In the former case progress may be slow because the mother appears to be continually reprimanding the child, which has had the effect of making him sullen and extremely reticent, especially as regards his speech, and a great deal needs to be done to obtain his trust and co-operation before any direct work on speech is carried out.

" School visits have been made in Earlestown and great help and co-operation has been given by the teachers."

Swinton.

"All the stammerers, except those with dyslalia as well, have received group treatment. Two groups have been formed. One group of three boys aged 10 years and a junior group of boys of seven and eight years old. The latter group was formed towards the end of the year, and it was found that this age-group were very keen and co-operative, taking a lively interest in all group activities, though at first there was some adjustment of personalities necessary before they began to work together successfully as a group and ceased to concentrate solely on their own personal achievements.

" The cases with dyslalia and cleft palate have been taken individually for treatment, and in two cases of multiple dyslalia of children aged five and six years, there has been marked improvement in speech which has been due, to a large extent, to the constant co-operation and interest shown by the mothers concerned. It has been shown throughout the year that children whose parents take an intelligent interest and are prepared to give constant help with speech exercises, have a greater chance of making good progress.

" School visits have been made in this area and teachers have been able to supply much needed information regarding school work and behaviour, and in one case have provided valuable assistance by giving indivudual help to a child with his speech exercises where little interest was taken at home."

HAYDOCK.

" Parents have all shown anxiety about their child's speech defect, but in the majority of cases they are not prepared to do enough themselves at home to help them. Elder brothers and sisters sometimes give assistance with speech exercises, but a little more genuine interest shown in these by the parents would provide a valuable and much-needed source of encouragement to the children, especially the younger ones."

Miss J. Matthews reports as follows :—

ACCRINGTON.

" A number of young stammerers of pre-school age have been kept under observation, their parents having been seen and advised at regular intervals. Pleasing progress has been noted in almost every case. A six year old stammerer who was referred to the speech clinic as being in urgent need of treatment has been recommended for a child guidance clinic. Two children, both girls, have been treated for hyperrhinolalia. The elder, who is 10 years old, attends mainly for supervision, her speech having greatly improved, while the younger, aged six, is progressing satisfactorily.

NELSON.

" The ages of those at present receiving treatment range from seven to 13 years. All are making satisfactory progress. Two stammerers were discharged with normal speech, two left the clinic with practically normal speech, whilst an eight year old boy has been suspended, his speech being greatly improved. One nine year old stammerer was referred to a child guidance clinic. Of those stammerers who are still receiving treatment, five are making good progress and the remainder, for the most part, are progressing satisfactorily.

" One adolescent who had made a determined effort to overcome her severe defect of a clutter and multpile dyslalia was discharged with normal speech, whilst another 14 year old girl has improved to such an extent that she now attends only for supervision."

RAWTENSTALL.

" Parental co-operation was good on the whole, and, as in my other areas, teachers were only too willing to co-operate whenever possible.

" Most of the children treated at the clinic have suffered from multiple dyslalia. Good progress was noted in all cases and five were discharged with normal speech. One child left the clinic with practically normal speech. Two girls were treated for idioglossia and both progressed well.

" Of the stammerers who attended, one was discharged with improved speech, whilst most of the others are progressing satisfactorily. One also suffered from multiple dyslalia, but this has been practically eradicated and the stammer is far less noticeable. As at my other clinics, parents of very young stammerers have been seen and advised at regular intervals with very good results. Three post-operative cleft palate cases also improved satisfactorily. One of these, a seven year old girl, was discharged with normal speech."

Miss C. F. Ordman reports as follows :—

HUYTON.

On reviewing the cases of dyslalia who had been on the waiting list for a few years, it was found that many no longer required treatment. On the principle that there is probably spontaneous improvement in the articulation of most children after the age of five years, priority on the waiting list has been given to stammerers and to dyslalias over the age of eight years.

" We have been fortunate in having the co-operation of the staff of the child guidance clinic, and most of the children received an intelligence test before treatment commenced. The diagnostic help was of great value in determining therapy and prognosis, and gave a clearer idea of the total personality of the child."

Miss A. E. M. Paull reports as follows :—

Preston.

" Of the 12 stammerers, one was discharged with his difficulty relieved, one was discharged greatly improved, only hesitating occasionally, one was referred to the child guidance clinic for further help and one left school, his stammer still present, but he appeared to be better socially adjusted. Of the cleft palate cases, one left school and was referred to Preston Royal Infirmary for further treatment, one was found to be in need of further surgical treatment and one continued regular speech therapy.

" The two cases of lisping were brothers, both attending a grammar school. They were anxious to get over their difficulties, especially as the elder boy wished to be a school teacher. It was found that although they each had a severe lateral lisp, their efforts were soon rewarded. The younger boy was discharged within three months with good speech, and the elder one was much improved and will soon be finishing treatment. Of the cases of dyslalia, 11 were discharged cured and three much improved."

Lytham.

" It was found that several of the children with dyslalia were of like age (five to seven years) and type, and so were taken together in a group of five, when once they had got used to attending the clinic. The benefit of this was that they looked on treatment as a mixture of game and competition, and were keen to get on and help themselves and so beat the other children."

St. Annes.

" Two of the stammerers were referred to the child guidance clinic at Preston for diagnostic interviews, for it was felt that speech therapy alone was not sufficient to help them over their difficulties.

" The speech of the cleft palate patient is much improved and, if it were not for an accompanying hearing loss, she could have been discharged by now. Of the cases of dyslalia and lisp, four were discharged cured and two were discharged with greatly improved speech. One of these in particular had delayed speech, being four years of age before making any attempt to speak, and being consequently slow to appreciate correct speech and to substitute it for his own jargon.

" Besides these cases of speech defect, breathing exercises have been given to some children who are mouth breathers, or who suffer from asthma. Various simple exercises are given and the children attend periodically to have their progress, if any, noted and, if necessary, to be given additional exercises."

Miss V. Shiell reports as follows :—

Stretford, Mitford Street.

" In a group of five boy stammerers, two were discharged cured. When reviewed two months later, there was no sign of deterioration in fluency. The three other boys in this group all showed improvement. In another group of three boy stammerers, two were discharged cured and similarly showed no deterioration of fluency upon review. Talks to the mother of a girl of $5\frac{1}{2}$ years, with dyslalia, whose attitude to the child was one of impatience and boredom, did much to help the child and she responded well to direct treatment."

Stretford, Old Trafford.

" Five were discharged cured, two stammerers and three with dysalia. An interesting case is that of a six year old cleft palate patient. His speech symptoms were those of protracted baby talk ; ' r ' and ' s ' sounds were the only ones typical of cleft palate speech. Upon investigation of the family history it was found that the mother and one sister of the patient had had a similar speech defect in early childhood. The patient had been rather spoiled during his post-operative periods in hospital and at home where he frequently suffered from severe colds. He was also the youngest member of a large family, so it was small wonder that he continued his babyish form of speech. Advice to the mother and a more positive line of treatment with the child are showing results.

" Two stammerers were discharged cured from a group of five children. This group proved a particularly happy one—treatment included free play, miming, acting, modelling, puppets and drawing, as well as relaxation. The parents were particularly co-operative and in the three remaining cases, improvement has been noticeable."

Davyhulme.

" Throughout the area teachers have been most helpful, giving up their valuable time to the discussion of difficult cases most readily. Their insight into home environments of patients has helped considerably. The school nurses and health visitors have also given valuable assistance."

Partially Deaf Pupils.

At the end of 1951, Mr. Pickles, one of the three teachers of the partially deaf, resigned to take up another appointment. His services have been particularly valuable throughout the development of this work. The vacancy was filled by the appointment of Mr. J. J. Finigan who took up his duty at the beginning of February.

The object of the scheme has always been two-fold, to ascertain the less obvious degrees of deafness which may be relieved by medical treatment and to provide the necessary help to enable those whose hearing defect cannot be improved to make the most of their education. There is no doubt that this work is serving a most useful purpose. It would, however, be a mistake to regard the procedure as settled and there is scope for flexibility and experiment. Towards the end of the year, for example, a series of tests was planned to show the comparative value of the gramophone and sweep tests. The results of this work will be reported upon later.

The following extracts are taken from the reports of the three teachers :—

Mr. E. R. Wall.

"*Areas Tested in 1952.*

" (*a*) *By gramophone audiometer.*—Survey of Education Divisions 3, 5, 7 and 9 was carried out during the year ; in the case of Accrington (7) and Darwen (9), this was the second survey in the area.

" (*b*) *By pure tone audiometer.*—Pure tone testing has been carried out in all parts of my area (Education Division 2 and Whitworth excepted). Under present conditions cases referred can normally be dealt with in three to six weeks.

" (*c*) *Lipreading.*—During the year classes were held at Chorley, Leyland, Darwen, Nelson, Colne, Accrington and Clitheroe, for children in need of instruction in lipreading and the use of hearing aids. Next year classes will also be held in Bamber Bridge, Longridge, Rawtenstall, Bacup, Tottington, Fleetwood and Kirkham.

" During the year Education Divisions 3, 5, 7 and 9 were visited and 3,006 children in 65 schools were tested with the gramophone audiometer. In addition, 415 children from these schools and others were tested by pure tone audiometer. Children receiving lipreading instruction made 538 attendances during the year.

" *General Observations and Remarks.*

" During November and December comparative tests of sweep (pure tone) and gramophone audiometry were carried out in Darwen and Accrington. Further tests are to be done next year and at the present time it is not possible to draw any conclusions other than that in this area a large number of schools are not suitable for the use of the ' sweep ' method.

" The Peters Pure Tone Audiometer continues to function satisfactorily and is reasonably convenient.

" Due mainly to the difficulty of obtaining clinic accommodation and of carrying out urgent special tests, it was found necessary to re-arrange the sessions on a fortnightly basis in order to cover the whole area more or less permanently. It was noticed that when a class had been closed down contact with the area was lost and urgent tests for the medical officer were very difficult to arrange, an aspect of testing which is increasing rapidly. The fortnightly arrangement appears to work satisfactorily and indeed has a few advantages of a minor character.

" Unfortunately, it has not always been possible to maintain an average of 60 per cent. for the time spent on lipreading—testing and retesting of children with defective hearing tending to occupy more time.

" The service is becoming recognised by medical officers and head teachers and, as should be the case, children are now being referred as a matter of course. Information obtained from head teachers and parents indicates that the lipreading and auditory training is proving valuable to most children who attend. In general the year has been one of consolidation—much thought and time has been spent in improving methods of recording results and generally ' tidying up ' and partially standardising the procedure."

Miss H. G. Johnson.

" Group testing in schools by the gramophone audiometer was carried out in the Education Divisions of Widnes, 16, 12, 17 and 13. Pure tone audiometer tests were also carried out in these divisions on those children who failed on the group test ; 3,154 children were tested by the gramophone audiometer and of these, 310 failed. These children were then tested by the pure tone audiometer and 163 were found to have hearing defects of varying degrees. Audiograms of the 163 children were sent to the divisional medical officers.

" Following the tests, lipreading classes were formed in Ashton-in-Makerfield, Ormskirk, Maghull, Crosby, Litherland, Widnes, Woolston, Westhoughton, Huyton and Eccleston.

"Apart from the pure tone tests of the children who failed on the gramophone group tests, I have tested 183 children referred to me by medical officers. Also, I have retested a large number of children following treatment.

" My personal observations on my year's work during 1952 are that most of my time has been occupied with lipreading classes and the pure tone testing. The school group testing has not been kept in line owing to lack of time, partly due to the fact that more and more requests were received from the medical officers for tests to be carried out on children suspected of defective hearing. Consequently the school visits have been postponed.

" Lipreading classes were formed from children of varying ages and degrees of deafness. It is not always possible to set up a centre for all the children of a district who have a hearing defect. Differences in ages have to be considered, for instance, grammer school children cannot be included in a class of young children of six, seven or eight years. Children with hearing losses of IIa or IIb grade often cannot profitably attend a class which has grade III children. I have found it is more successful to have special classes for the severely deafened where they are alone or only two attending. I have three such special cases, two children who have become deaf from tubercular meningitis and one severely deaf presumably from birth. All these children need concentrated lipreading and speech lessons until places are found for them in special schools. In my opinion there is much to be said for concentrating upon the pure tone testing and the lipreading classes."

Mr. J. J. Finigan.

" Three thousand six hundred and seventy-one children were tested by gramophone audiometer in schools in Education Divisions 15, 18, 19, 20, 21, 22, 23 and 24 ; 454 tests were carried out on pure tone audiometer and there were 609 attendances at lipreading classes.

" *Group Tests.*—This, though a very necessary part of the scheme for partially-deaf children, is gradually tending to become neglected, owing to the increased demand for pure-tone tests and lipreading teaching. It would seem to be desirable that if, as the scheme develops, a comprehensive survey of the school children in the area is to be made regularly, some changes should be made in the methods to be used in testing and possibly in the personnel involved in making the test. It may be that some additional help in the way of an assistant will be necessary to ensure a frequent and regular means of group-testing in most schools, which under present conditions is becoming very difficult to achieve.

" *Pure Tone Audiometric Tests.*—This, the second part of the scheme, is rapidly assuming greater importance and demanding more time than originally appeared necessary. There is no doubt of the importance of early medical treatment in restoring hearing and in preventing further impairment. For an accurate assessment of the effects of any such treatment, a second pure-tone test is most valuable, and it would appear that it is well worth while to devote a reasonable proportion of the time available to this work, so that all children who have had medical attention may have a second pure-tone test.

" *Lipreading Classes.*—These have all been held in school clinics, which have proved most suitable as being central for most of the schools in the area ; parents of children are usually most co-operative, and it has been quite common with young children of six to seven for mothers to come with them and wait until the lesson was over before taking them back to school. The results of these classes are difficult to assess, as some children make rapid and apparent progress, while others are slower, and it is hoped that in the near future the help of head teachers may be enlisted in helping to gauge results. Hearing-aids can be of great assistance to many of the children, but the approach here seems to demand a certain caution. Hearing-aids are fairly conspicuous, so that older children, especially girls, are rather shy of wearing them, while younger children can be easily frightened by the various noises which are emitted from a hearing-aid used injudiciously. However, with careful training, these difficulties can be overcome, so that a combination of a hearing-aid and lipreading can produce excellent results for the child both educationally and socially."

Epileptic Pupils.

At the beginning of the year the Council's new school for epileptic children at Sedgwick House had been open for a few months only. During the year the number of children increased to 45. It was not possible to go beyond this owing to the difficulty of obtaining and maintaining the quality of staff, on the nursing side, so necessary for this work. The condition of the children undoubtedly showed signs of progress from all points of view, except in the few who were found to be too backward to benefit from the education provided.

The following remarks are taken from the educational report of Mr. D. W. Norton, the headmaster :—

" The children have been found to vary widely in ability, aptitudes and attainments and show distinctive social and personality traits. Each child is the subject of a study to assess his or her capabilities and needs.

" No child has been found to be too difficult or unmanageable in the narrow disciplinary sense. Most indeed are affectionate and willing to respond to friendly sympathy and understanding of their personal problems. The characteristic of the epileptic child, if any, seems to be an intensive pre-occupation with himself but as a difference of degree rather than as a difference of kind from the ' normal ' child.

" The epileptic seizures are found to be incidental only and do not disturb unduly the normal routine of the school. Once the child's reactions are known provision can be made to prevent unnecessary hazard. The children are safeguarded from special risks such as using sharp tools, carrying glass objects, etc., but are normally expected to participate as fully as possible in the interests and activities suited to children. They seem to thrive with plenty of congenial and realistic occupation and are in the main eager to emulate the achievements of other children.

" No two children are found to display identical symptoms and this necessitates personal study of each child. Each member of the staff keeps a list of seizures and has been notified of the ' typical ' symptoms. It is only on the rare instances of injury or protracted siezure during school hours that recourse has to be made to the assistance of the nursing staff.

" The major educational problems are firstly serious scholastic retardation, up to four to five years; secondly mental dullness, lack of perseverance, poor concentration and application; and thirdly, emotional instability.

" The large majority of the children respond readily to friendly control, affection and trust and are almost invariably eager to remedy their scholastic deficiences once their initial pre-occupation with their symptoms has been put into perspective. The tempo is slow with not infrequent setbacks but over a sufficient period of time positive progress is seen in many. There are, however, a very few cases with deep-seated maladjustment arising seemingly from their records of a broken home-life or deficiencies in early training and others of an extremely low mental calibre who need special observation and care. Discussions and correspondence with the parents have been invaluable in gaining deeper knowledge of the children.

" Regular use is made of selected programmes of the B.B.C. Schools Broadcasts. There is a School Library with periodical replacements from the Children's Section of the County Library and each class has its own class library. Educational films are obtained from the County Film Library and are shown at fortnightly intervals during the autumn and spring terms. Most of the work in the basic studies demands individual and personal coaching, testing and revision, remedial and fundamental instruction but group activity is encouraged in some aspects of the work and some specialisation takes place for needlework, art, crafts and singing.

" The time-table follows a normal pattern but is regarded as flexible to take advantage of the resources of the school and the varied and variable capacities of the children. Some outdoor activity takes place each day if the weather is not inclement. Indeed on one or two occasions sledges made by the boys and parents have been used for physical activity on the snow slopes outside. Some degree of discretion is allowed to members of the staff to employ the time to the most useful purpose provided the basic teaching is covered daily and that activity has an educational value. The staff have organised from time to time excursions to places of public or historical interest in and around Kendal.

" The children of a suitable age play team games with vigour and enthusiasm and have acquired a reasonable degree of sportsmanship which was lacking in many cases on their admission. Games and other group activities have a definite place in the children's training. The epileptic child is too easily pre-occupied with the self alone and diffident or else ego-centric and association in a common purpose with others is a valid factor in the treatment. They can, if of sufficient mental capacity and not emotionally disturbed, share in most normal activities if guarded from special hazards.

" The progress of the children is slow but positive in most cases. Owing to the nature of their disability there are setbacks and slow starters with a few being possible non-starters but over a period of time it can be claimed that the majority show definite progress in their scholastic attainments and their social adjustment."

Physically Handicapped Pupils.

With the opening of a third residential school for physically handicapped children, the Committee's provision for this type of school appears to be adequate. At Bleasdale House, Silverdale, the first of these schools to be set up, the work of adaptation to double the accommodation for junior boys was completed. Adaptations at Singleton Hall, Poulton-le-Fylde, were finished and the first

boys came in during September. At Kepplewray, Broughton-in-Furness, a start was made with the new buildings which will allow an increase in the number of girls from 20 to 40. The three schools will provide about 120 places in all.

The Committee decided that Singleton Hall should be used for senior boys, and a number of boys from Bleasdale House have been transferred. It was very quickly realised that far from being a problem, the change of school is looked upon with great interest by the boys, and they feel that, like other boys attending ordinary schools, they too graduate from one school to another. Miss L. E. Cooper was appointed matron and Mr. J. H. Fortescue, headmaster. An account of the first full year at Singleton Hall will be given in the next report.

Bleasdale House provides for junior boys and a number of quite young children have been admitted. Spastics form by much the largest group. The following remarks are taken from the report of Miss Hilda Brown, the headmistress :—

" Within a very short time all the adaptations to the building were completed, so that by the 9th March, the third anniversary of the opening of the school, the boys were able to give a party to the children of the Friends' School, Over Wyresdale, to celebrate the double event.

" During the Easter term a radiogram was installed with a speaker for each classroom, and full use was made of those broadcast lessons for schools most suited to the needs of each class. A sound film projector was acquired about the same time, and this provided out-of-school entertainment for the darker evenings, as well as being used for occasional lessons from films loaned by the County Film Library. During the Easter term two partially-sighted boys were given Braille lessons each week by a visiting home teacher for the blind. One of the boys was subsequently transferred to Wavertree School for the Blind. One boy who visited Detmold in Germany for special treatment was necessarily away from school for a long period. Another was transferred to the Lord Mayor Treloar Hospital College for vocational training.

" There were 39 boys on roll when Singleton Hall Special School was opened at the end of September, and from then until November 18 boys, aged 12–16 years, were transferred, a few at a time. Throughout the Christmas term the existing three groups were constantly in need of revision, as younger children were admitted and older boys left for Singleton Hall. When Mr. Sharples left us to join the staff at Singleton Hall, a temporary teacher was appointed in his place and the children were again arranged in the three groups, two for juniors, an upper group and a group of the most mentally backward juniors, and the third, a group of infants. During the remaining weeks the older juniors adapted themselves to their new status and in the absence of the senior boys became more self-reliant, more aware of the younger children and very willing to lend a hand with the tiny ones."

By the end of 1952, Kepplewray, as a residential school for physically handicapped girls, was well into its stride. At that time, 10 out of the 20 girls were cases of spastic paralysis. It is a happy place, and the parents who visit the school frequently take a great interest in the various activities which do so much to help the children towards a fuller life. Variety is brought into school hours as much as possible, but, in addition, the matron and her staff, during the periods out of school and particularly at week-ends, take every opportunity to encourage the development of the girls' interests. Outings of various kinds, participation in village activities and the formation of a Girl Guide group are examples of the way in which attempts are made to help these girls in every possible way to live a normal life.

Subsequently, additional building at the school was begun which will have the effect of doubling the accommodation.

The following is a report from Miss G. E. Abraham, the headmistress :—

" The usual difficulties encountered in starting a new school were largely overcome during the first six months, and I can report the year 1952 as being one in which we have settled down and the girls have shown marked improvement educationally and socially.

"At the beginning of the year we had 18 girls, soon increased to 20. These were grouped into two classes, one for beginners and the other for older girls. Most of the work has been of necessity on individual lines. On admission only three of the girls could read, so considerable time has been devoted to the basic subjects. This has given encouraging results in most cases, and all the girls have shown keen interest in their work.

" The time-table is arranged to follow, as far as possible, the subjects taught in a normal school. Skills of varying kinds, including weaving, needlecraft and raffia work, are being developed by the girls. Singing and dramatics are greatly enjoyed and in December the girls gave a Nativity play.

" Useful contacts are made with the parents on the monthly visiting day, when the teachers are present to discuss any school problem or matter relating to the girl's well-being. On the visiting day at the end of each term the books and work of the girls are on view. Socially the girls have gained enormously from their communal life. Several of them belong to Guides and Brownies and form part of the Broughton Company."

ANNUAL REPORT OF THE CHIEF DENTAL OFFICER, 1952.

The Chief Dental Officer, Mr. L. B. Corner, reports as follows :—

General.

In 1952 improvements in several aspects of the Dental Service were recorded. These improvements are reflected in various sections of the Report and in the returns of both Dental Inspections and Treatment. Since 1948 the picture of the School Dental Service has been a depressing one with no appearance of relief throughout, but in 1952 there appeared to be some stimulation and it is to be hoped that the rehabilitation of the service will proceed and that it may once again resume its rightful place in promoting the welfare of the children.

During 1952 it became apparent that, while the scarcity of full time dental officers to a large extent persisted, there existed a potential source of personnel for part-time service. The policy of the Committee was, therefore, in the latter part of 1952, to explore the possibliity of recruitment from this source and, while results in 1952 were not impressive, there seems good hope that this departure will bear fruit in future.

At December 31st, 1951, the number of full-time Dental Officers had declined to 29 but at 31st December, 1952, this number had risen by six Officers to 35. A lesser increase was recorded in part-time Officers recruitment but here again 13 were in post at 31st December, 1952, compared with 11 at 31st December, 1951.

The net gain of recruitment over wastage at the end of the year amounted to an equivalent of 7·5 full-time officers. Unfortunately, this was to some extent offset by the fact that the school population increased by some 9,000 children during the year.

It is relevant to make a comparison of the staff position in relation to pupils in 1946 and 1952, as follows :—

Year.	No. of Children on School Rolls.	No. of Full-time Dentists.	No. of Part-time Dentists.
1946	235,399	35	16
1952	285,748	35	13
Increase and Decrease	+50,349	Nil	—3

From 1946 to 1952 the total number of children rose by 50,349 while the Dental Staff was only returning to 1946 level in the late part of 1952. It will take many years to regain the ground thus lost.

An analysis of the recruitment of full-time dental officers in 1952 showed that three had been previously in the service of the County Council ; of the three, one transferred from part-time to whole-time service, and two returned to employment of the County Council from general Dental Services. Of the remaining four, one entered the service following completion of military training, one was recruited by reason of change of residence to Manchester area, one entered the service temporarily prior to specialisation in orthodontics, and one transferred from assistantship in general practice. With one exception all recruits for full-time service were males.

Age Groups.

An analysis of age groups in the whole-time Dental Staff is given below in order that the trend of recruitment may be viewed from this aspect.

DENTAL OFFICERS IN AGE GROUPS.

Year Group.	Age 20—29.	Age 30—39.	Age 40—49.	Age 50 and over.
1939 ...	— ...	10	9 ...	—
1952 ...	5 ...	5 ...	10 ...	16

In 1939 it will be noticed that all Dental Officers fell within the 30–49 age groups, none appearing in the 50 and over group at all. In 1952, 10 officers were below 40, 10 were from 40–49 and 16 were over 50 years of age. In other words the recruitment at the younger end is insufficient to maintain a level of average age below about 45 years. Whereas in 1939, 100 per cent. of the staff was below 50 years of age, in 1952, 44·4 per cent. of the staff was over 50 years of age. This rise in average age is indicative of a general trend in the Dental Profession and draws attention to the need for attracting younger dentists to adopt the Service as a career.

Viewing the staff situation as a whole, it would seem that recent measures in relation to General Dental Services, by decreasing the volume of work for National Health practitioners tended to influence recruitment more than the Whitley Award of 1950.

Clinics.

As a result of the recruitment already mentioned, it was possible to re-open 10 of the 15 clinics closed in 1951, of the five remaining clinics one was closed for structural alterations. Due to resignations Leigh and Chadderton Clinics were closed in 1952 but, towards the end of the year, arrangements were made for the early re-opening of Leigh.

In addition to re-opening 10 clinics, it was found possible to operate two further clinics which had ong been scheduled *viz.* one at Kirkham and another at Lytham.

The equipment at a number of clinics was substantially improved either by re-conditioning or by replacement. The modernisation of equipment was, and still is, necessary to cover ground lost in this respect during the war years and to keep pace with advances made in efficiency and design.

Dental Services in 1952.

Dental Inspection.

Children receiving routine dental inspections in 1952 totalled 100,905 as compared with 89,933 in 1951, an increase of 10,972. At the same time, dental inspection of special cases rose by 2,329 to a total of 21,777, making an overall total of 122,682 for the year against 109,381 for 1951. This represents a gross increase of 13,301 inspections. Thus 35·3 per cent. of the children attending County Council schools received routine dental inspection in 1952, as compared with 32·4 per cent. for the previous year.

Of the 1,212 schools in the County 459 received routine dental inspection in 1952 (37·8 per cent.) as against 33·4 per cent. in 1951.

In assessing these figures due regard must be given to the fact that the school population increased in 1952 by almost 9,000 and the number of schools increased from 1,201 to 1,212.

The number of children examined and found to require treatment rose from 67,281 in 1951 to 77,317 in 1952—an increase of 10,036, while those referred for treatment rose from a total of 64,982 to 75,064, an increase of 10,082. Co-incidentally a fall of five per cent. was recorded in the acceptance rate but, as this is the first year in which a fall is recorded, it is not possible to attribute it to any specific cause. The fall may be due to the increased numbers referred, or again, and this is more likely, it may be attributable to clinics which had been closed for long periods being again brought into the scheme. A further cause may be that patients inspected and referred late in 1952 could not have their acceptances recorded in that year.

The percentage of children found to require treatment rose from 61·5 in 1951 to 63·0 in 1952, but this figure is not substantial enough to indicate any definite trend being only 0·5 per cent. above the 1949 level.

Dental Treatment.

The returns show that 1,892 additional sessions were devoted to the dental treatment of school children in 1952 when compared with 1951. The following table indicates the increases in 1952 over 1951 :—

Year.	Fillings.	No. of Teeth Filled.	Extractions.	General Anæsthetics.	Other Operations.
1951...	26,407	24,058	89,604	32,099	16,551
1952...	37,661	34,348	93,811	34,309	23,334
Increase	11,254	10,290	4,207	2,210	6,783

The number of operations increased by 24,454, and it is gratifying to note that the most substantial rises appear in the field of conserving the teeth, 11,254 more fillings were inserted than in 1951. When it is considered that the bulk of the additional officers recruited did not commence duty until late in 1952, it will be appreciated that a greater overall effort was made.

Attendances at clinics increased by 14,730 to a total of 94,944. One of the principal losses is in respect of broken appointments without notice. It is an unfortunate fact that children and parents, by breaking appointments and so wasting the dental officers' time, are literally denying someone else dental attention. A greater sense of responsibility in this connection would save many valuable hours.

The number of parents interviewed rose by 3,926 to a total of 34,850. Reference was made in the Report for 1951 of the tremendous value of this feature in the operation of the clinics.

Below is shown in tabular form the improvements on the treatment side recorded per 100 patients :—

Year.	Visits.	Teeth Filled.	Extracted.	General Anæsthetics.	Other Operations.	Appliances.
1951	163	49	181	65	38	0·51
1952	178	64	176	64	43	0·65

The only reducing figure in the table is that applying to the extraction of teeth and the greatest rise is shown in the " teeth filled " column. This additional attention to conservation emphasises the object which is the primary consideration of the School Dental Service, *i.e.*, to preserve as far as possible the natural teeth. The ratio of permanent teeth extracted for caries to permanent teeth filled was in the ratio of 1 : 1·85.

ORTHODONTICS.

The work of the orthodontic clinics is steadily increasing, though the specialist staff remains at last year's level of an equivalent of 1·18 whole-time officers. Applications for treatment far outstrip the potentialities to deal with them, and the only method by which control may be maintained is by periodic closure of the waiting lists. Extension of the service will have to be kept under review and increases made where and when possible.

Owing to the number of applications received for treatment, time wastage must be kept to a minimum. The child who has not had regular dental care, who is careless of dental hygiene, or whose parents have only accepted dental treatment when dire necessity arose, cannot be estimated as a good subject for orthodontic treatment. While selection is as careful as possible, under all the circumstances, many patients discontinue treatment or break appointments and the loss of time caused thereby again denies treatment to those willing and anxious to have it carried out ; 4,303 appointments were made in 1952, of which 314 were not kept, representing a loss of 7·3 per cent. The only method of eliminating this serious loss is to exclude persistent appointment breakers, who fail to give reasonable notice, from the scheme altogether. Reference to this problem is made by all the orthodontists in their annual reports.

Mr. Mills, orthodontist at Failsworth, reports that at the close of 1952 the waiting list at Failsworth had increased to 89.

Mr. Rowe, at Failsworth and Blackburn Orthodontic Clinics, once more refers to the continued co-operation with the speech therapists, and points out the value of this co-operation as evidenced by the increased confidence found in children who have been handicapped by cleft palate and who show marked improvement under treatment from both services.

An interesting feature of Mr. Rowe's report is his reference to instructions in muscle and swallowing exercises given by the orthodontic attendant, Miss Wood. Referring to this, Mr. Rowe says that " Patients requiring such exercises are seen regularly and are impressed with the importance of what they are required to practise. This system produces results and is also a saving of chairside time."

Mr. Rowe reports that the waiting list at Blackburn Clinic amounted to 80 cases at 31st December, 1952, and this serves to emphasis the need for an extended number of sessions.

Mr. Softley, orthodontist in Huyton and Waterloo areas, makes reference to the need for dental care and hygiene in children applying for orthodontic treatment. He reports an appointment wastage of approximately six per cent.

The number of orthodontic cases undertaken by the County Dental Officers has also increased this year, 878 cases being dealt with and 346 appliances fitted. The value of this work was indicated in last year's report. Encouragement is given to officers to undertake this type of treatment as part of their routine duties and specialist advice is available to them within the framework of the Service.

As is the case with other branches of the Dental Service, the Orthodontic Department has made progress during the year and the following table indicates the work carried out :—

Clinic.	Treatment Sessions.	Individual Cases.	Attend-ances.	New Cases.	Completed Cases.	New Appliances.
Mr. Softley.						
Huyton	86	146	754	35	16	106
Mr. Softley.						
Waterloo...	42	78	395	17	8	69
Mr. Mills.						
Failsworth	190	201	1,236	62	12	202
Mr. Rowe.						
Failsworth	188	231	1,022	106	20	128
Mr. Rowe.						
Blackburn	96	106	582	40	13	75
Totals	602	762	3,989	260	69	580

Staff Meeting.

In December, 1952, a staff meeting was held at County Hall for members of the full-time staff. The Agenda at the morning session consisted of items in connection with the conduct of the scheme submitted by the officers themselves. It is felt that this meeting served a most useful purpose and was productive of a spirit of personal interest and co-operation in the scheme. The afternoon session was devoted to papers by Consultants from Manchester Dental Hospital on " Orthodontics " and on " Conservation of Teeth following Injury."

The difficulty of keeping a large staff up to date in advances of technique is a very real one. Time and expense limit the possibilities of attendance at Refresher Courses and the only alternative means of ensuring interest is to bring the staff together and utilise the services of Consultants in various subjects at a central point. It is hoped to continue this plan in the future.

Expectant and Nursing Mothers and Young Children.

Following the usual practice a short report is included on this section as being of interest and serving to indicate the additional duties undertaken by the Dental Officers.

The returns are shown in tabular form.

EXPECTANT AND NURSING MOTHERS.

Year.	Inspected.	Treated.	Attend-ances.	Fillings.	Extrac-tions.	General Anæas-thetics.	Dentures.	Repairs.
1952...	2,551	1,434	3,677	831	3,113	634	380	21

PRE-SCHOOL CHILDREN.

Year.	Inspected.	Treated.	Attend-ances.	Fillings.	Extrac-tions.	General Anæas-thetics.	Dentures.	Repairs.
1952...	3,531	2,984	4,960	1,371	4,215	1,804	...	...

The following table illustrates the increase in cases treated and fillings for pre-school children for the past three years in comparison with the same work carried out in 1938.

PRE-SCHOOL CHILDREN.

Year.	Cases Treated.	No. of Fillings.
1938	710 ...	158
1950	2,506 ...	1,055
1951	2,824 ...	953
1952	2,984 ...	1,371

The steep rise from the 1938 level indicates the advance of interest since the war in the dental condition of the pre-school child. In 1952 four times the number of pre-school children were treated as in 1938 while more than eight times as many fillings were inserted.

Gratifying as these results may be they only show progress but they do not reveal the vast amount of cases which go untreated due largely to lack of staff time to devote to this urgent and necessary part of the work of the Dental Service.

Summary.

Reviewed over the year, results, within the limits of the service, may be described as satisfactory. Progress has been made and, provided no factor is introduced to attract staff away from the Service once more, it would seem that rebuilding may be possible. It is apparent that despite the greater availability of dentists' time in other branches of the Health Service, the major proportion of children attendiug the Authority's schools still elect to make use of the dental clinics. Intimately connected as these clinics are, with the general fabric of the children's education this attitude is fully understandable when one realises that much of the child's life is built around things connected with his or her school.

In conclusion, thanks are due to all those who, by giving their efforts and time, have enabled the Dental Scheme in the County to provide another year of service to the population.

APPENDIX.

STATISTICAL TABLES IN RESPECT OF THE PERIODIC MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS DURING THE YEAR ENDED 31st DECEMBER, 1952.

Table 1.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS).

A.—Periodic Medical Inspections.

Number of Schools in which Periodic Medical Inspection was completed	862
Number of Inspections in the prescribed Groups—	
Entrants	34,740
Second Age Group	21,221
Third Age Group	15,367
Total	71,328
Number of Parents present	25,799

B.—Other Inspections.

Number of Special Inspections	41,331
Number of Re-inspections	51,277
Total	92,608
Number of Parents present	23,622

C.—Pupils Found to Require Treatment.

NUMBER OF *Individual Pupils* FOUND AT *Periodic* MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING DENTAL DISEASES AND INFESTATION WITH VERMIN).

Group.	For Defective Vision (excluding squint).	For any of the other conditions recorded in Table 2 (A).	Total (Individual pupils).
Entrants	346	4,670	4,945
Second Age Group	1,293	1,672	2,861
Third Age Group	868	1,084	1,868
TOTAL	2,507	7,426	9,674

Table 2.

A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1952.

	Periodic Inspections.	Special Inspections.
Number of Pupils examined	71,328	41,331

Disease or Defect.	Periodic Inspections. No. of Defects.		Special Inspections. No. of Defects.	
	Requiring Treatment.	Requiring to be kept under observation, but *not* requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation, but *not* requiring Treatment.
Skin	890	970	4,288	236
Eyes—				
Vision	2,507	3,278	1,601	627
Squint	550	838	273	100
Other	303	348	1,192	150
Ears—				
Hearing	134	403	281	198
Otitis Media	155	241	448	60
Other	212	339	779	132
Nose or Throat	1,881	7,691	2,776	1,368
Speech	171	524	278	197
Cervical Glands	140	2,931	190	395
Heart and Circulation	117	1,149	212	264
Lungs	316	1,755	473	475
Developmental—				
Hernia	71	233	27	37
Other	47	584	42	65
Orthopædic—				
Posture	247	725	84	79
Flat-foot	570	1,065	271	198
Other	779	1,923	943	413
Nervous System—				
Epilepsy	11	68	29	28
Other	73	340	164	157
Psychological—				
Development	30	284	156	167
Stability	56	323	126	123
Other	1,193	1,987	7,338	2,266
Total	10,453	27,999	21,971	7,735

B.—Classification of the General Condition of Pupils Inspected during the Year in the Age Groups.

Age-Groups.	Number of Pupils Inspected.	A (Good).		B (Fair).		C (Poor).	
		No.	%	No.	%	No.	%
Entrants	34,740	13,503	38·86	20,499	59·00	738	2·12
Second Age-Group ...	21,221	8,455	39·84	12,430	58·57	336	1·58
Third Age-Group ...	15,367	7,062	45·95	7,986	51·96	319	2·07
Total	71,328	29,020	40·68	40,915	57·36	1,393	1·95

Table 3.

INFESTATION WITH VERMIN.

(1) Total number of visits paid to schools by the school nurses	10,205
(2) Average number of visits per school made during the year by the school nurses	8·4
(3) Total number of examinations in the schools by the school nurses ...	615,445
(4) Total number of individual pupils found to be infested	16,571

Table 4.

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS) DURING THE YEAR ENDED 31ST DECEMBER, 1952.

Group I.—Diseases of the Skin (excluding uncleanliness).

	Number of cases treated or under treatment during the year by the Authority.	Number of cases treated or under treatment during the year otherwise.
Ringworm—		
(i.) Scalp	8 ...	34
(ii.) Body	79 ...	6
Scabies	108 ...	9
Impetigo	1,650 ...	37
Other skin diseases	6,076 ...	167
Total	7,921 ...	253

Group II.—Eye Diseases, Defective Vision and Squint.

	Number of cases dealt with by the Authority.	Number of cases dealt with otherwise.
External and other, excluding errors of refraction and squint ...	3,652 ...	119
Errors of refraction (including squint)	16,691* ...	643
Total	20,343 ...	762
Number of pupils for whom spectacles were—		
(*a*) Prescribed	9,668* ...	512
(*b*) Obtained	6,618* ...	367

Group III.—Diseases and Defects of Ear, Nose and Throat.

	Number of cases treated by the Authority.	Number of cases treated otherwise.
Received operative treatment—		
(*a*) for diseases of the ear	— ...	49
(*b*) for adenoids and chronic tonsillitis	— ...	2,737
(*c*) for other nose and throat conditions	— ...	108
Received other forms of treatment	3,313 ...	1,017
Total	3,313 ...	3,911

* Including cases dealt with under arrangements with the Supplementary Ophthalmic Services.

Group IV.—Orthopaedic and Postural Defects.

(*a*) Number treated as in-patients in hospitals	202

	Number of cases treated by the Authority.	Number of cases treated otherwise.
(*b*) Number treated otherwise, *e.g.*, in clinics or out-patient departments	4,057 ...	492

Group V.—Child Guidance Treatment.

	Number of cases treated in the Authority's Child Guidance Clinics.	Number of cases treated elsewhere.
Number of pupils treated at Child Guidance Clinics	236 ...	22

Group VI.—Speech Therapy.

	Number of cases treated by the Authority.	Number of cases treated otherwise.
Number of pupils treated by Speech Therapists	826 ...	52

Group VII.—Other Treatment Given.

	Number of cases treated by the Authority.	Number of cases treated otherwise.
(*a*) Miscellaneous minor ailments	26,157 ...	1,500
(*b*) Other	687 ...	402
Total	26,844 ...	1,902

Table 5.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY DURING THE YEAR ENDED 31ST DECEMBER, 1952.

(*1*) Number of Pupils inspected by the Authority's Dental Officers :—		
(*a*) Periodic Age Groups	Under 5	2,417
	Age 5	11,645
	Age 6	10,680
	Age 7	11,449
	Age 8	11,606
	Age 9	10,696
	Age 10	9,976
	Age 11	8,735
	Age 12	7,402
	Age 13	7,239
	Age 14	6,836
	Age 15	1,797
	Over 15	427
	Total	100,905
(*b*) Specials		21,777
(*c*) Total (Periodic and Specials)		122,682
(2) Number found to require treatment		77,317
(3) Number referred for treatment		75,064
(4) Number actually treated		53,087
(5) Attendances made by pupils for treatment		94,944
(6) Half-days devoted to	Inspection	951
	Treatment	13,709
Total (6)		14,660
(7) Fillings	Permanent teeth	31,959
	Temporary teeth	5,702
Total (7)		37,661
(8) Number of teeth filled	Permanent Teeth	29,021
	Temporary teeth	5,327
Total (8)		34,348
(9) Extractions	Permanent teeth	18,042
	Temporary teeth	75,769
Total (9)		93,811
(10) Administrations of general anæsthetics for extraction		34,309
(11) Other operations	Permanent teeth	15,842
	Temporary teeth	7,492
Total (11)		23,334

Table 6.

Handicapped Pupils Requiring Education at Special Schools or Boarding in Boarding Homes.

	Blind.	Partially Sighted.	Deaf.	Partially Deaf.	Delicate.	Physically Handicapped.	Educationally Subnormal.	Maladjusted.	Epileptic.	Total.
During 1952—										
Handicapped Pupils—newly placed in Special Schools or Homes	22	10	21	22	266	37	30	10	18	436
Newly ascertained as requiring education at Special Schools ...	5	7	23	14	264	61	210	8	15	607
On 1st December, 1952—										
No. of Handicapped Pupils :—										
(i.) attending Special Schools as—										
(*a*) Day Pupils	...	10	9	19	541	59	80	...	...	718
(*b*) Boarding Pupils	61	38	113	80	93	87	118	10	46	646
(ii.) attending Independent Schools	...	...	...	...	...	...	6	10	...	16
(iii.) boarded in Homes	...	...	...	...	...	1	...	...	...	1
Total	61	48	122	99	634	147	204	20	46	1,381
No. of Handicapped Pupils being educated under arrangements made under Section 56 of the Education Act, 1944—										
(*a*) in hospitals	...	...	...	...	...	6	1	...	...	7
(*b*) elsewhere	...	...	1	...	7	29	...	...	...	37
No. of Handicapped Pupils requiring places in Special Schools (including any such unplaced children who are temporarily receiving home tuition)	6	13	11	9	111	80	521	14	9	774

Number of children reported during the year under the Education Act, 1944—

(*a*) Section 57 (3), excluding any returned under (*b*) ... 121

(*b*) Section 57 (3) relying on Section 57 (4) ... ... Nil

(*c*) Section 57 (5) 19